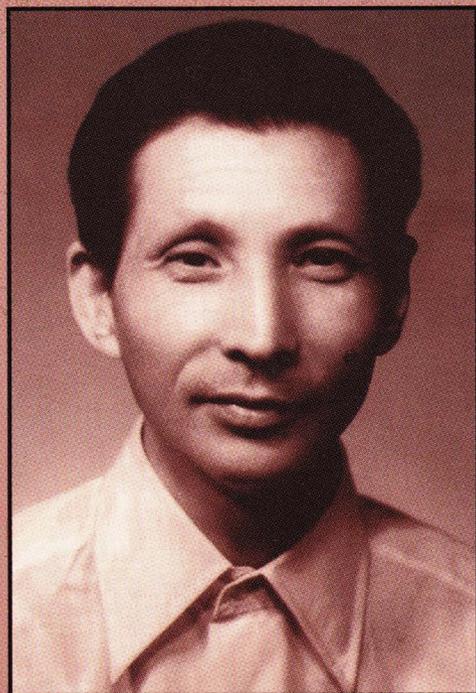


# The Clinical Experience of Dr. Shi Neng-Yun

施能雲針灸醫療經驗選集

施能雲題



*Dr. Shi Neng-Yun*

TRANSLATED BY  
ANDREW ELLIS

The Clinical Experience  
of Dr. Shi Neng-Yun

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大醫之體，欲得澄神內視，望之儼然，寬裕汪汪，不皎不昧，省病診疾，至意深心，詳察形候，纖毫勿失，處判針藥，無得參差，雖曰病宜速救，要須臨事不惑，唯當審諦覃思，不得於性命之上，率爾自逞俊快，邀射名譽，甚不仁矣。

孫思邈

The superior physician strives for a pure spirit and looks inward. While appearing dignified, he remains at ease. [His mind is] neither clear nor clouded. When examining a patient, it is with unsullied intentions and a sincere heart, carefully examining the patient and his disease, leaving nothing out; with no confusion, judiciously discerning the [prescription of] acupuncture and herbs. Although the illness is serious, [the physician] must not become flustered; examine closely and contemplate deeply. In life, we should not rashly show off our cleverness nor seek fame; this lacks virtue.

Sun Si-Miao

# *Disclaimer*

This book is designed to provide information on the subject matter covered. It is sold with the understanding that this information is scholarly in nature and any application in a clinical setting is the sole responsibility of the practitioner.

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# 譯者序

## Translator's Foreword

### *Meeting Dr. Shi*

In the summer of 1986 I was on a ferry from Hong Kong to Xiamen City in Fu Jian Province. As I sat in the lobby of the boat and was reading an acupuncture book I had picked up in Hong Kong, a Chinese man of about forty years of age approached me. "It is not common for foreigners to read Chinese," he said. "I couldn't help but notice that you're reading a book about acupuncture."

He went on to tell me that he was an acupuncturist himself and that his father was the past head of the acupuncture department at the Chinese medicine hospital in Xiamen. After we spoke, the gentleman, whose name I came to know was Mr. Chen, wrote me a note of introduction to the present head of the acupuncture department, Dr. Shi Neng-Yun.

A few days later, once I had settled in to my new surroundings, I went off to Xiamen Chinese Medicine Hospital in the hope that I might study there. After negotiating an arrangement with the hospital administration I returned the next day to begin my studies in the acupuncture department with Dr. Shi.

Each morning, Dr. Shi sat at his desk and tended to the long lines of patients waiting to see him. I sat across the table and took notes as he interviewed each patient. A typical visit went as follows:

Dr. Shi would greet each patient warmly. His kind eyes and quiet manner quickly put even the most distressed at ease. "How are you?" he would ask softly as he stood to greet the patient, who would then sit and extend an arm to have his or her pulse read. Dr. Shi would ask a few questions (all the while with his hand on the pulse) then listen carefully to each answer. After a few more questions and a careful look at an afflicted finger, elbow or knee, Dr. Shi would pause. For a full minute he would listen to the pulse. It is as if he was searching, with the tips of his fingers, for the most subtle hint.

Diagnosis over, the doctor would explain the treatment to the patient, and hand the point prescription to an assistant. For difficult cases, or if this is the first visit, Dr. Shi would treat the patient himself, otherwise, he supervised, providing instruction about point location or needle manipulation. From time to time, Dr. Shi called me to his side as he was treating a patient and pointed out something he wanted me to know. Sometimes it was a unique point location, or a way of stimulating a point. "Insert the needle to this depth, twist the needle nine times, pull to here, twist like this with the thumb pushing forward... here, you try."

Thirty to forty patients went through the clinic each morning and Dr. Shi made each one feel as though he or she was special. As for me, I had never had such a patient (or thorough) teacher.

The afternoons were times for independent study. I would do some reading about one of the cases we had seen in the morning, or work on translating something that Dr. Shi had given me. Dr. Shi would often take time out from his own studying to talk with me. "If there is something you don't understand, ask," he would say. And he meant it. He

slowly and carefully explained the reasoning for the treatments he prescribed, or walked me through some needle manipulation, one step at a time.

In the years that followed, I studied with Dr. Shi in various situations. He was always as dedicated to teaching as he was to healing. Many times I witnessed students asking inappropriate or redundant questions or questions to which answers could easily have been found in a book. Dr. Shi was always kind and respectful. He would answer each question thoroughly.

Like most good teachers, Dr. Shi is an excellent story teller. The listener feels as though Dr. Shi is seeing the event in a crystal ball and describing what he sees. He would often tell stories of the elderly Sun Si-Miao traveling the mountainous terrain of rural, Tang dynasty China. I remember one such tale.

When Dr. Sun entered each village, the peasants, having heard that the famous doctor would soon arrive, were lined up at the herb dispensary, waiting. From morning till night Dr. Sun treated patients. After dark, by the light of his lantern, Sun Si-Miao studied the classics in search of answers to the day's cases.

One day, it happened that a man had a pain in his back that none of the channel points or special points seemed to relieve. Sun Si-Miao pondered over this. 'There must be a point that will treat this pain,' he thought. The following day Dr. Sun decided to try a new strategy. He would palpate the tender area for a sensitive point and needle that, even if it weren't at the location of a known point. He explained his strategy to the patient and began to probe the affected area. "No, nothing there," said the patient, "no, no, not there, no, ah shi!" yelled the patient when Dr. Sun hit a sensitive spot (a-shi, pronounced, ah shur, is Chinese for 'That's it!'). The patient's pain disappeared when Sun Si-Miao needled the spot. To this day, we still call spots that are not assigned points, but are sensitive to palpation, a-shi points.

When Dr. Shi visited the U.S. in 1988 he stayed at our house. At that time, I began to see that the discipline and thoroughness that marked Dr. Shi's practice and teaching methods were representative of the rest of his life as well. Each morning he would rise early and do sitting qi gong. This was followed by self massage (the same method that is described in this book) and a set of exercises called Jian Kang Ba Fa . "In the morning the body's qi is still," he explained, "so first we practice qi gong, then massage, then exercises. Like the morning itself we progress from yin to yang, from inactive to active. In the evening, it is the opposite. First we do exercises, then self massage, then qi gong. This brings us from yang into yin, from active to inactive, and then peacefully into sleep."

When I first met Dr. Shi I was impressed by his aptitude for remembering details. He could see thirty to forty patients in a morning and recall the specifics of each case in the afternoon when we met to discuss them. Also, he knew many acupuncture odes and songs by heart and would recite them to himself as he wrote point prescriptions for his patients. My amazement increased later when I understood the stressful life he had lived.

Born in 1927, Dr. Shi grew up in a time when famine was common. His family was poor and seldom had enough food to eat. He was born with a frail constitution, then, further weakened by an insufficient diet, he was stricken with tuberculosis at a young age. He languished in bed for eight years and no one expected him to recover. Dr. Shi, however, was determined to cure himself. To that end he began to study Chinese medicine and qi gong. Each day he practiced qi gong for several hours until he built up his qi and was able to rise from his bed and lead a normal life.

After his recovery Dr. Shi commenced his study of Chinese medicine with an uncle. In 1955 he began his thirty year apprenticeship with Chen Ying-Long.

When I met Dr. Shi in 1986, he had become the head of the acupuncture department at Xiamen Chinese Medicine Hospital. He was also an adjunct professor at Xiamen University. By the time he retired in 1992, Dr. Shi was an honorary member of several Chinese medicine organizations such as the National Council of Acupuncture Research, Fujian Province Acupuncture Association, The Hong Kong Chinese Medicine and Acupuncture Cultural Association, and The Singapore Acupuncture Association.

Over the years Dr. Shi has been published in many Chinese publications. He wrote the textbook for Xiamen University's acupuncture curricula, *Essentials of Chinese Acupuncture* (中國針灸學概要), and also contributed to *Acupuncture Case Studies of Chen Ying-Long* (陳應龍針灸醫案)

Of all of his accomplishments, Dr. Shi is most proud of his students. He has students spread throughout China and the rest of the world. It is not uncommon for Dr. Shi to receive letters postmarked the Philippines, Singapore, Hong Kong, or Japan, from students wishing him well or asking questions. A visit to Dr. Shi's apartment almost always includes viewing photographs that his students have sent him.

Though it is not possible to bring Dr. Shi's warmth and patience to the reader, I do hope that some of his personality is evident in the information that is presented in this text. His Confucian outlook is apparent in the respect he shows toward the classics and toward his teachers. It is truly his belief that his knowledge is owing to a long line of predecessors. He believes that without all those who went before, and especially his teachers, he would know nothing. Because of this fundamental understanding, Dr. Shi can speak of his own triumphs without a hint of self-aggrandizement.

I once asked him about a plaque that hung over his door and he told me of a Philippine patient he had treated for opium addiction. The patient had sought many forms of treatment and all were unsuccessful. Having heard of Dr.

Shi, he came to China for treatment. Dr. Shi treated him with acupuncture and told him to eat tofu steamed with brown sugar. After a time, the patient overcame his addiction and was very grateful. He came to Dr. Shi's neighborhood and lit a line of firecrackers that extended the length of the alley in front of Dr. Shi's apartment. Also, the man presented Dr. Shi with the large plaque that now hung over his door. It was specially engraved with Dr. Shi's name and the saying 華佗在世 'Hua Tuo is Again in the World' (Hua Tuo was a famous physician in early China ). When Dr. Shi told this story it was as if he were speaking in the third person, as if the whole thing had happened to someone else.

Dr. Shi's respect for the past does not quell his passion for experimentation. When he was in Florida, he would say, "Let's do something we have not done before." He was the one who ordered alligator meat. This adventuresome nature also reveals itself in the way he practices. "If we read something in the classics or a modern text we should try it out and see if it works," he said. When Dr. Shi was the head of the acupuncture department in Xiamen, he instituted many programs that reflected this attitude. His program to use herb plasters to treat asthma (see treatment chapter), is an example. Another, is the program he designed that called for all the acupuncturists in the clinic to use the 'astrologically determined point of the day' on each patient. In the pages of this book you will find many techniques and points that Dr. Shi discovered through experimentation.

### ***About this Book***

It was during his stay in Florida in 1988, that Dr. Shi and I decided to write this book. The treatment section was written with Dr. Shi by my side. Most of the other material was translated in the years following as Dr. Shi sent manuscripts from China.

*The Clinical Experience of Dr. Shi Neng-Yun* differs from the majority of Chinese acupuncture textbooks because it is not government sponsored and is not bound by a predetermined curriculum. The work is written in the spirit of

teacher to apprentice that has characterized the transmission of this information for hundreds of years. In the pages of this book Dr. Shi speaks directly to the student, imparting what he has learned in his many years of study and practice. The treatments for the more than fifty disorders covered are those that Dr. Shi used at Xiamen Chinese Medicine Hospital, and the dozen or so case studies are also from his practice there. The location of points and methods of treatment discussed herein do not necessarily conform to the mainstream of Chinese medicine that is taught in the institutions of modern China, but instead are part of a living tradition handed down from teacher to student. As the tradition was given to him, Dr. Shi here hands it to us.

This text is divided into five chapters;

**The Road of Apprenticeship, Points: Location and Technique, Needle Manipulation, Treatment, and Case Studies.**

**The Road of Apprenticeship** consists of an article Dr. Shi wrote concerning his thirty years of study with his teacher, Chen Ying-Long. This chapter presented the biggest challenge for the translator. The original is written in a sophisticated Chinese style that contains many phrases that if translated directly would require paragraphs of explanation. As opposed to a word for word, or even sentence for sentence rendering, the method of translation applied to this chapter, was to read, digest and write. Unavoidably, what this method gains in readability it loses in accuracy of tone. It is my hope that Dr. Shi's intention shines through.

The chapter, **Points: Location and Technique** was less difficult to translate because its content dwells in the safe realm of technical information. I had the added advantage of having been taught the information long before translating the chapter. The reader should note that many of Dr. Shi's point locations and techniques are different from what is written in textbooks. When I studied with Dr. Shi I found that he had a special way of locating every point. "This

point," he would explain, "is very small. To find it you must travel over the fleshy mound and settle into the valley, like so. Feel for the small tendon, the point is just before that." I found this approach much more useful than the anatomical locations of the Western-style textbooks. Much of this chapter is in the form of poems which are challenging to translate because each Chinese character in this terse style carries many connotations. I have included the Chinese for most of the poems so that those wishing to delve deeper into their meaning can do so.

The chapter entitled **Needle Manipulation** is more demanding on the reader than any other in the book. Diligent practice is required to master the Midnight-Noon method. This method, handed down to Dr. Shi from Dr. Chen demands complete attention during the needling process. Though it is not necessary to become proficient in the Midnight-noon method to apply Dr. Shi's treatments, a thorough understanding of supplementation and drainage is indispensable. The first section of this chapter will introduce the student to the principles of needle manipulation for supplementation and drainage.

The second part of this chapter introduces tri-directional joining needle. This technique was developed by Dr. Shi for the treatment of paralysis. Anyone who treats this disorder should take careful note of this section.

The **Treatment** chapter is placed after point location and needle manipulation because it is those two aspects that make Dr. Shi's treatments unique. He called them the two most important skills of an acupuncturist. "Precise location of points and studied needle manipulation are what separate an outstanding acupuncturist from an ordinary one."

The chapter is divided into three main sections. The first is treatment of common disorders, the second is self massage, and the third is use of moxabustion and massage for maintenance of health and prevention of disease.

The student should consider the context from which the information in this book arises. Medicine and health care in China are quite different from that of the West. Whereas Dr. Shi treated patients in a hospital setting, most Western acupuncturists practice in a private clinic. Thus when Dr. Shi recommends treating appendicitis or stroke it is quite a different situation than we have in the West where law suits could follow such treatments. As with all information that comes from other cultures, we should take that which is appropriate for our situation and leave that which is not.

The treatments in this book are suggestions based on Dr. Shi's clinical experience. Details such as how long to continue treatment or if complementary treatment with herbs is called for, differ with each case. The practitioner must draw from his or her own clinical experience or that of his or her teacher to determine an exact treatment. Also, the treatments given are often independent of the actual constitution of the patient or the exact cause of the disorder. It is assumed that the practitioner will round out the treatment to address these factors.

The last section of the book includes **Case Studies** from Dr. Shi's clinical practice. Dr. Shi sent me many more case studies than time permitted me to translate. I hope that at some future date I will publish the ones that were not included in this volume. I tried to select those cases that Western practitioners would find most useful. Concluding this chapter are two articles that Dr. Shi published. One is on the treatment of arthritis and the other discusses the treatment of hemiplegia.

Because this text was pieced together from many unrelated manuscripts there are some unavoidable redundancies. I chose to leave those in place to emphasize important points and retain the logic and rationale of each manuscript. Also, as indicated previously, there are some techniques or treatments that are included here that are not appropriate for the Western clinic. These are retained to give Western

readers an idea of practices that are employed in Chinese hospitals and to be true to the original manuscripts.

In any work of this nature errors of omission or commission are difficult to avoid. The translator takes full responsibility for these and begs the reader's assistance in locating and correcting these mistakes.

This translation follows the methods and terminology outlined in Nigel Wiseman's *Glossary of Chinese Medical Terms* wherever practical. The reader should take note of the following conventions used in the text.

Needling and moxabustion in treatments is bilateral unless otherwise noted or obviously unnecessary or impossible.

Joining needle is indicated by double arrowheads as such: BL-60 >> KI-3.

Point names and alphanumeric designations are from *Fundamentals of Chinese Acupuncture* (Paradigm Publications). Non-channel points follow the designations used in *Acupuncture: A Comprehensive Text* (Eastland Press) when they are listed in that text; otherwise the Pin Yin name is used.

## ***Acknowledgments***

This translation occurred over an eight year time span and while only my name is on the cover as translator, that should be viewed as a concise alternative to listing all those who contributed to this work. Foremost in this listing would be my wife, Sheng-Ching Hwang, whose duties included deciphering Dr. Shi's handwritten notes, aiding in the translation of difficult passages and checking the Chinese in the final draft.

The following people read drafts and offered helpful criticism and corrections: Randall Willens, David Whitmer M.D., Craig Mitchell, Sydnie Boral and Kurt Breitenstein. I would like to express my appreciation for

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Chris Molé turned the manuscript into a book through the magic of page and cover design. Chris also managed all the details that got the book to the printer. Her support throughout the final phases of the project was indispensable.

Briceland Vineyard was my refuge for more than a week while I pulled this book together, and I would like to thank Joe Collins, Maggie Carey, and Susan Shubin for allowing me to stay there. I apologize for burning all that firewood.

In the years I lived in Taiwan I learned much of what I know about the craft of translation from Nigel Wiseman. Also, thanks to Bob Felt at Redwing Books for his helpful suggestions regarding the details of publishing.

Lastly, I would like to thank Dr. Shi for allowing me the privilege of learning from him.



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# 從師之道

## *Chapter One*

# **The Road of Apprenticeship**

Study, Inquire,  
Comprehend,  
Coalesce

■ *My Thirty Years as a Student of Chen  
Ying-Long – by Dr. Shi Neng-Yun*

I had always admired Dr. Chen Ying-Long. In 1955, when I was almost thirty years old, I was honored by his acceptance of me as an apprentice. Over the next thirty years I progressed from student, to doctor, to head of the acupuncture department. The technique and ethical understanding I brought to my practice had been gathered

during my long study with Dr. Chen. Looking back over those thirty years, I would like to present my thoughts on studying with a teacher so that others may learn from them.

## Study 勤學

"In the study of medicine, technique follows ethics," Dr. Chen told me, "the doctor must treat each patient's disease as if he himself were the sufferer, and regard each patient's life as if it were his own."

One winter night an old woman came to Dr. Chen's door. "I have cold pain in my abdomen," she complained, "can you help me?" Dr. Chen invited the woman in and took her pulse. The woman was a picture of vacuity and her pulse was deep and faint. Dr. Chen quickly burned several large moxa cones on CV-4 and CV-6 and wrote a prescription of herbs. He prescribed Ren Shen, Fu Zi, Gan Jiang, and Gan Cao, and asked his wife to quickly cook them. After her treatment and herbs the woman felt better almost immediately. She tried to pay Dr. Chen but he would accept no payment, for he knew that the woman was poor.

For the next two days, Dr. Chen went to the woman's house each day and gave her herbs and acupuncture. On the third day, the woman's family came to Dr. Chen's house and reported that the woman was completely better. They were so thankful that they cried.

One summer, Dr. Chen had a patient with serious psychological problems. Several times a day she would convulse with fright, faint or begin laughing or crying or uttering nonsense. The rest of the time her behavior was normal. She had sought treatment for three years at various hospitals before she came to Dr. Chen. He treated her with herbs, acupuncture and qi gong. The type of qi gong he used requires the projection of the practitioner's qi outward to the patient. Dr. Chen would rise before sunrise to practice for several hours to build his qi so that he could treat that patient. After some time the patient was cured. Her

family was so grateful that they bought expensive gifts for Dr. Chen. He refused the gifts. I will always remember these lessons from my teacher's life.

I studied clinical subjects with Dr. Chen as well. For each case he had a clear picture. He employed the four examinations, applied eight parameter pattern differentiation and then devised a treatment principle. Dr. Chen always had a plan for the patient, and his results were often excellent. It was obvious that he had a firm grasp of theory and how to apply it to clinical practice. By watching him treat one case, one could learn to treat an entire class of disorders.

After the diagnosis and treatment principle are established it is important to watch the teacher and see how he applies treatment. Are long needles used? Is needling superficial or deep? Is moxa applied? Sometimes the teacher uses herbs and acupuncture, sometimes just acupuncture. These are the points the student must study carefully. So that you may record every detail of this information and study it, always carry a notebook.

"Independent study is most important in the study of Chinese medicine," Dr. Chen told me, "a teacher's guidance is secondary. You must study a wide range of texts." Following Dr. Chen's advice, I observed my teacher during the day and at night I studied seriously. I first studied the classics and worked my way through the centuries to modern literature. I began with *The Inner Canon*, proceeded to *The Classic of Difficult Issues*, then to *The Systemized Classic of Acupuncture and Moxabustion*, and up through the dynasties.

I memorized the acupuncture odes and songs. At that time, I was more than thirty years old and my mind was not as good at memorizing as it had been in the past. I devised a method for memorizing that worked for me. I would memorize three verses a day. The next day before reciting the new verses I would require myself to repeat all the verses I had learned up until then. *The Ode of the Jade Dragon*, for

example, has 77 verses. On day one, I would recite the first three verses, on day two, the first six, on day three, the first nine, etc. I did this until all the songs I wanted to learn were cemented in my mind. I have never forgotten them.

In those days, I would always carry needles and cotton balls with me. I would use each spare moment to practice needle technique; even on the bus traveling to and from the hospital. I was training my fingers to become familiar with needle technique so that I could do it without hesitation. I also practiced point location on myself and my family, again and again. This helped me to locate points quickly and correctly.

In the evenings, I studied cases we had seen during the day. I would read books from different schools to compare their theories and treatments. Whether studying independently or with my teacher, I demanded diligence from myself.

## **Inquire 多問**

Technique is an important aspect of acupuncture study. Dr. Chen said, "If the fingers know supplementation and drainage, the mystery of acupuncture is revealed. Using the same points we can achieve different results." The secret of such subtle techniques are known only to the doctor; you can not learn them by observing. This is an example of something about which the student must inquire. Locating points, inserting the needle, angle of insertion, how many times to twist the needle; these things also, the student must ask about if the teacher does not bring them up.

The Chinese have a saying, "There are things the mind can grasp that words cannot transmit." Many of the profound aspects of Chinese medicine are like that. The student must carefully ponder his teacher's words and try to penetrate beneath the surface of language to grasp the abstruse meaning.

## **Comprehend 領悟**

After studying seriously, inquiring, and taking notes your teacher's knowledge has not yet taken root in your mind. Serious observation is still necessary. For example, when Dr. Chen taught me the details of needle manipulation the words were simple and direct, but the subtleties of the method were only revealed through careful observation.

When I was in the clinic with Dr. Chen we would often talk about the cases we had seen. On occasion, amidst routine conversation, the subtle essence of certain things would come out. When you are with your teacher, listen attentively. Though most of what your teacher says is common sense, in a thousand words there may be one sentence that strikes to the heart of a matter about which you have been wondering. Essence is often found in the midst of the mundane.

## **Coalesce 融匯**

During the thirty years of my apprenticeship I have studied many disorders with my teacher. (Sometimes he used similar methods to treat similar disorders; sometimes not.) In my notebooks, I have accumulated the details of these disorders (both rare and common) and their treatment. Scattered throughout my notes are observations about theory and techniques that my teacher passed on to me. I often spend time organizing this information. To do this, I realize that I must not only systematize and arrange the contents of my notes, but also apply my understanding of my teacher and his methods. To a casual observer my notes would present little useful information, but because I comprehend Dr. Chen's underlying methods they are valuable gems to me.

I have written over one million words in my collection of notebooks and I am honored that Dr. Chen has chosen some of that to publish.

These are the methods I used during my thirty year apprenticeship with Dr. Chen Ying-Long. They reflect my attitude toward, and approach to, studying Chinese medicine with a teacher. I hope the reader finds the information here, and in the remainder of this book useful.

# 穴位

## *Chapter Two*

# Points: Location and Technique

### ■ *A Section By Section Discussion*

### **Introduction**

#### **The True Point is in the Depression 陷下爲眞**

The character for point is 穴(xue), which means cave. The ancients chose this character to imply that acupuncture points are holes into the body just as caves are holes into the earth. For point location the body measurements are only guidelines to lead to the correct area. Once the right neighborhood is located one must palpate to find the hole (i.e., depression). Our ancestors said “select five points to find one correct one”(取五穴用一穴必端). The meaning of this is that one finds the general location and then palpates up, down, left and right before determining the true point. If the true point is discovered the qi sensation should be strong. If the qi sensation is strong the treatment will be effective. Locating points precisely is one of the two fundamental skills of an acupuncturist.

## The Head and Face

Most of the points on the head are located in relation to other points. This can be complex and confusing. I have found that locating the points within the scalp area is simpler if one establishes three arcs of reference, each of which runs from the front hairline to the back of the head.

To establish the three arcs of reference first imagine a line from GV-17 to right TB-20. (We will speak of only the right but the process is the same for the left side.) Divide this line into five body inches, numbered posterior to anterior. This line we shall call the occipital line.

- Horizontal arc I connects BL-2 to the one inch point on the occipital line.
- Horizontal arc II charts the path from M-HN-6 (Yu Yao) to the two inch point on the occipital line.
- Horizontal arc III extends from TB-23 to the three inch point on the occipital line.

These three arcs serve as references for vertical location of the points on the scalp. Horizontal measurement is in reference to the governing vessel. In other words, to find a point we will find the front-to-back coordinate on the governing vessel and move lateral to one of the three horizontal arcs to locate the point. The method I use for measuring on the governing vessel is as follows:

From Yin Tang (M-HN-3) to GV-17 is divided into eight divisions. To find the length of a division on any person simply measure the total distance from M-HN-3 (Yin Tang) to GV-17 and divide by eight. If, for example, a person's head measures 32 cm from M-HN-3 (Yin Tang) to GV-17 each division is 4 cm. These 4 cm divisions can then be applied to locate the points on the governing vessel from GV-16 to GV-22.

### Translator's Note

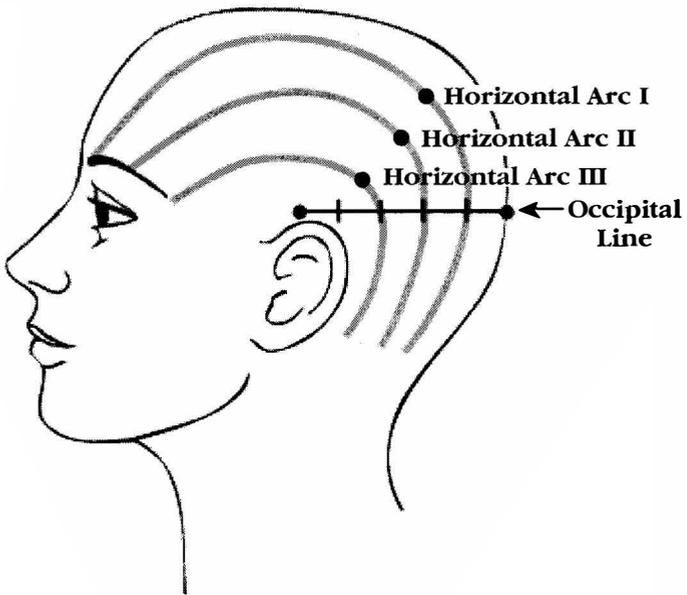
*These divisions are equal to one and one-half body inches as listed in traditional sources.*

The first horizontal arc is the reference for the bladder channel from BL-4 to BL-10. In the example above each of these points would also be 4 cm apart.

The second horizontal arc is the reference for the superior branch of the gallbladder channel from GB-15 to GB-19. In the example above, each point could be found 4 cm apart from its neighbor.

The third horizontal arc is used to find points on the inferior branches of the gallbladder channel. GB-13, GB-9 and GB-10 would each be 4 cm apart in our example. Other points can then be found in relation to these points. For example, GB-8 is in a depression just anterior to GB-9.

In summary, the three horizontal arcs in combination with a simple eight division measuring of the governing vessel form a useful grid that can simplify location of many points on the scalp.



**Locating Points on the Scalp**

## Points Surrounding the Sense Organs

### *Functions of the Points*

Although points in the region of a sense organ belong to many channels, they treat similar disorders. Location has more influence on the use of these points than channel orientation.

#### **Explanation**

Each of the sense organs (eyes, nose, mouth and ears) is nourished by many channels. The prevailing use of the local points however, is to treat the sense organ near which they are located. The eyes, for example, are surrounded by points on the bladder (BL-1, BL-2), gallbladder (GB-2, GB-14), stomach (ST-1, ST-2) and triple burner (TB-23) channels. All these points primarily treat eye disorders.

### *The Three Angles of Insertion for BL-1*

- Treat red eyes with a shallow, upward insertion.
- Treat esotropia (cross-eye) and nystagmus with a slanted upward insertion.
- Treat sudden blindness with a straight, deep insertion.

#### **Explanation**

Clinically, we have found that insertion angle influences the effect of BL-1. A shallow upward insertion, angled 15 to 25 degrees outward from the nose bone, best treats conjunctivitis like disorders (literally, wind-fire eyes 風火眼). Needle superficially only 1 to 2 tenths of a body inch. The patient should feel a qi sensation and tear slightly.

An upward insertion, slanted 45 degrees outward from the nose bone treats esotropia and nystagmus. Insert to a depth of 3 to 4 tenths of a body inch.

A perpendicular insertion to a depth of 1 to 1.2 body inches treats sudden blindness (often owing to optic nerve atrophy, or neuritis of the optic nerve). Insertion should be slow and careful.

## ***Outer Receive Fragrance (Wai Ying Xiang)***

This point is located one-half body inch above LI-20 (Receive Fragrance). It treats the same disorders as LI-20 and, in addition, is especially useful for treating facial paralysis where the lower lid is affected and the eye can not close completely. It should be needled directly toward BL-1, inserted transversely, one inch.

## ***Treatment of Hearing Loss and Tinnitus***

- **Group I** — Needle GB-2, TB-17, and TB-3; moxa CV-6.
- **Group II** — Needle SI-19, TB-18, and BL-60; moxa BL-23.
- **Group III** — Needle Ren Tong, Du Tong, LU-7, and SI-3; moxa GV-4 and CV-4.

### **Discussion**

These three sets of points come from my clinical experience. The first group consists of GB-2, TB-17, and TB-3; two local points and one distal point all belonging to the shao yang.

The second group emphasizes the tai yang channels (SI-19 and BL-60), with TB-18 as a local point. BL-23 follows this reasoning, and, in addition, it supplements the kidney which opens to the ears.

The third group includes Ren Tong and Du Tong. The former is located where the top of the ear joins the face and should be needled at an downward angle toward the external acoustic meatus (the external opening of the ear) to a depth of 0.5 to 0.7 body inches. Du Tong is located where the bottom of the earlobe joins the face. It should be needled at an upward angle toward the external acoustic meatus to a depth of 0.8 to 1.0 body inches. These two points derive from the author's clinical experience. Ren Tong (任通 literally, conception [vessel] freeing) is located at the position of CV-1 in the symbolic inverted fetus of the

ear and likewise Du Tong (督通 literally, governing [vessel] freeing) is located at GV-20 in the inverted fetus. The names of the points reflect their locations.

In the third grouping Du Tong and Ren Tong are complemented by LU-7, which connects to the conception vessel, and SI-3, which connects to the governing vessel. Moxa on GV-4 and CV-4 is also consistent with the intent of this group to free the conception and governing vessels. In addition, CV-4 supplements kidney yin and GV-4 supplements kidney yang. Freeing the conception and governing vessels and supplementing the kidney allows kidney qi to easily rise to the ears.

## Chest and Abdomen

### *Point Poems*

The following were written in traditional Chinese ode format by Dr. Shi. They are translated with poetic license and with emphasis on clinical significance. The commentary is Dr. Shi's.

#### **Point Poem I**

胸中六經穴，分布廿二穴，諸書同記載，肋下定膻穴。  
安全來取穴，肋中可定穴。

Six channels run through the chest

Distributing twenty-two points.

Many books record

That the points are located between the ribs.

To safely locate [these] points,

Spot them squarely on the ribs.

體瘦桶狀胸，得氣氣不隆。若向肋中取，氣隆且收功。

Thin bodies with chests like barrels,

Lack an abundant qi sensation.

If the ribs are [needled] squarely;

Qi is abundant and the result efficacious.

*Commentary*

Needling the points on the chest is dangerous; this makes both the practitioner and patient uncomfortable. My experience is that a spot on the same channel, straight above the assigned location of the point, directly on the rib, is also a point. The point has a diameter of about one millimeter and when needled will achieve as good a needle sensation as the location between the ribs. Needle superficially so as not to needle into the rib itself. This safe method of needling chest points is especially effective for the treatment of distention of lung tissue (pneumonectasis) owing to chronic bronchitis, tuberculosis or asthma.

**Point Poem II – The Chest Center Point**

正中任脈線，膻穴布七穴，氣會膻中穴，灸宜針須淺。

In the center of the seven conception vessel points  
on the chest,

The meeting point of the qi; Chest Center (CV-17),

[Where] moxa is suitable and needling must be superficial.

**Point Poem III – Experience of the Ancients**

哮喘之癥最難當，夜間不睡氣遑遑，天突妙穴宜尋得，膻中著艾使安康。

Most difficult to treat are gasping and wheezing,

Sleepless nights with disturbed breathing,

Celestial Chimney (CV-22), is a secret point to seek,

Moxa on Chest Center (CV-17) brings health and peace.

*Commentary*

CV-17 is representative of the seven thoracic points of the conception vessel. Needling this point was contraindicated in ancient times because the needles were much thicker than those of today and caused quite a bit of pain during and after the treatment. Also, it is difficult to obtain a good stimulus at that point and the effect of needling is less than satisfactory. Now needles are much improved and the point

can be needed. A better effect is achieved however, by using moxabustion. This is especially true for treating asthma-like conditions where moxa on CV-17 should be coupled with needle at CV-22.

I have found that treating CV-6 first, CV-12 next, and CV-17 third is best for supplementing qi. This sequence follows the channel, uplifting qi from the Cinnabar Field (Dan Tian). The reverse sequence counters the channel and is best for downbearing qi. The same three points have different functions depending on the order in which they are needed.

### ***Location of Abdominal Kidney Channel Points***

Though most texts place the abdominal points of the kidney channel 0.5 body inches from the center line, I have found that a location one body inch from the center line gives a better stimulus. For example, we use two point prescriptions to treat impotence. The first set of points consists of CV-3 and KI-11 and the second of CV-2 and KI-12. The stimulus of KI-11 and KI-12 located one body inch from the center line extends much more strongly to the testicles than the stimulus of these points 0.5 body inches from the center line.

#### *Translator's note*

The *Great Compendium of Acupuncture and Moxabustion* also places KI-11 through KI-17 one body inch from the center line.

## **The Upper Back**

The governing vessel and bladder channel form five parallel lines down the back. The points on these channels are not difficult to locate; they are below the protuberance of the vertebrae on the governing vessel or one and one-half body inches or three body inches lateral to the center line.

The twelve points of the shoulder region are more difficult to locate. These points belong to the following four channels:

- Hand yang ming large intestine: LI-15 and LI-16
- Hand tai yang small intestine: SI-9 through SI-15
- Hand shao yang triple burner: TB-14 and TB-15
- Foot shao yang gallbladder: GB-21

To locate these points one cannot rely on simple measurement. The following verse makes location of the most difficult of these points simple, quick and accurate.

大椎至肩，正中肩并取。  
其半肩中俞，下角肩外俞。  
肩胛内上角，曲垣風濕消。  
天宗肩胛中，真邪氣皆隆。

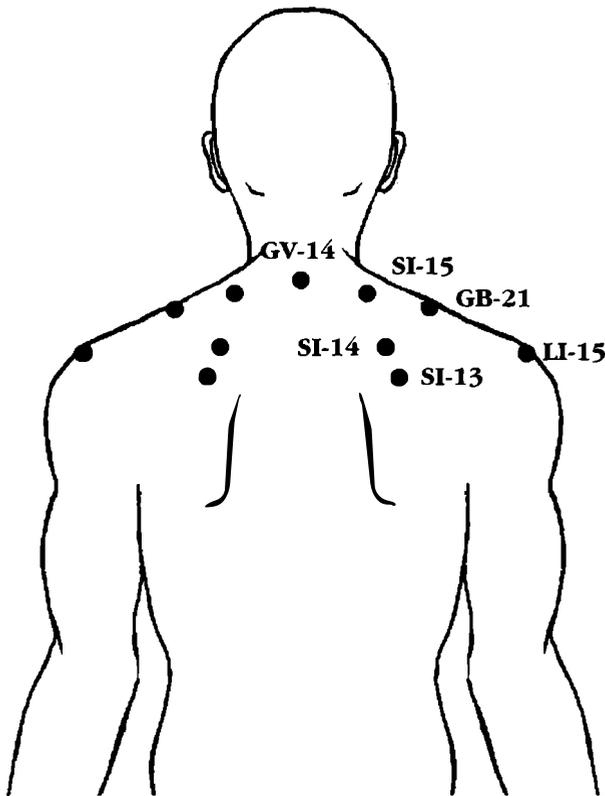
Halfway from Great Hammer (GV-14) to the Shoulder Bone (LI-15) find Shoulder Well (GB-21).

Halfway again [finds] Central Shoulder Shu (SI-15), the corner below is Outer Shoulder Shu (SI-14).

At the medial upper corner of the scapula, the Crooked Wall (SI-13) dissipates wind-damp.

Celestial Gathering (SI-11) [sits] in the center of the scapula, where true and evil qi flourish.

*(See figure next page.)*



### Location of Back Points

#### Discussion

GB-21 is on the midpoint of a line drawn between GV-14 and LI-15. The true qi gathers at this point. Deep needling here will damage the true qi and induce shock. The ancients stated, "Needling GB-21 deeply causes [the patient to] faint; quickly supplement ST-36 to revive him." GB-21 is very effective for treating the initial stage of acute mastitis. Insert the needle 0.7 body inch. After obtaining qi, apply a draining stimulus for three to five minutes. The qi-feeling must travel to the breast to be effective.

SI-15 can be found at the midpoint of the line between GV-14 and GB-21. The line drawn between GB-21 and SI-15 forms the top line of an equilateral triangle. The point that forms the lower corner of the triangle is SI-14. Remember SI-14 for treating low blood pressure.

SI-13 is located at the superior medial corner of the scapula. This is the most common location of wind-damp pain in the upper back. Treat this condition by using needle, moxa, cupping or plum flower needle on the point.

SI-11 sits in the center of the scapula. Palpating this point on a healthy person will produce a feeling of good (true) qi; palpating an ill person at SI-11 will elicit a feeling of evil (pathogenic) qi. In either case the point is sensitive. Classically, this point has been considered to be the point that opens the points and channels of the back ( 背部經與穴之機關 ). That is why qi gong masters use SI-11 first and then apply qi to other points on the back.

## The Limbs

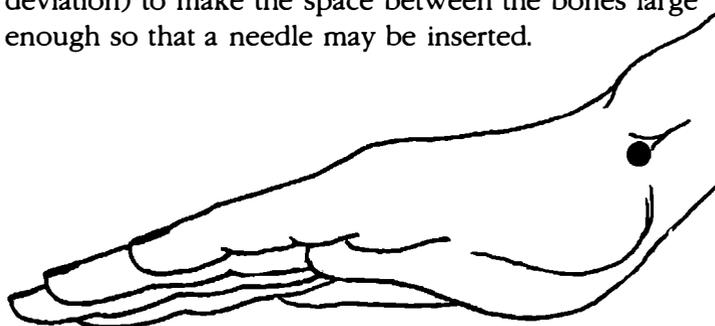
Of the points on the limbs those on and around joints are most important. As qi flows through the channels the joints are small storage spots where qi gathers. Some of the points between joints also are significant. They move qi along the channels and link together the more important points. When locating limb points one must compensate for differences between left and right. Usually the dominant side has more flesh than the secondary one. Also, one hand or foot is often larger than another. Some special aspects of the location of specific points are discussed below.

### Upper Limbs

#### HT-7

The point is located where the heart channel is crossed by the wrist crease. The best method of insertion is from the ulnar side of the wrist inserting the needle between the

head of the ulna and the pisiform bone. Position the hand so that it slants toward the thumb side slightly (radial deviation) to make the space between the bones large enough so that a needle may be inserted.



### **Insertion Point of HT-7**

#### **SI-6**

With the elbow bent at a ninety degree angle and the palm facing the floor, turn the wrist so that the palm faces the chest. The point is where the depression appears.

#### **LI-4**

Begin at LI-3 and slowly palpate along the second metacarpal bone toward the wrist. A rise is felt in the muscle followed by a minute depression. This is the spot. Pressing here gives an aching feeling.

#### **LI-11**

A spot on the large intestine channel five fen distal to the elbow crease is called Lower Bend at the Pond (下曲池) there is a stronger qi sensation here than at LI-11.

## ***Lower Limbs***

#### **SP-6**

The point's name (三陰交, Intersection of the Three Yin) implies that this point affects the three yin channels of the leg. To obtain a qi sensation that follows the three channels locate the point not along the tibia as books suggest, but halfway between the edge of the bone and the posterior edge of the Achilles' tendon. There is a depression in the

muscle there and the point will elicit an aching feeling if palpated. When needled the patient should experience an electric feeling shooting down the leg forking to the large toe, the bottom of the heel and the instep.

### **BL-56**

In classical literature it was recommended that this point not be needled. This is because in those times the needles were thicker than today and needling this point would leave the patient aching for many days. Nowadays, needles are thin and this point is a spot where an excellent qi sensation can be obtained.

## ***Addendum***

### *Translator's Note*

This poem contains some information that is presented elsewhere in the book, but the entire poem is printed here for completeness. The poem is in bold and Dr. Shi's commentary is set in normal type.

### **Point Poem**

**Tian Zong [SI-11] is in the center of the scapula, true qi and evil qi both flourish here.**

SI-11 is located in the center of the scapula, not as many modern books claim, in the upper one-third. Tenderness at this point reflects the presence of true qi in a healthy person and evil qi in an ill one. If the two points are palpated together and the right one is substantially more painful this often indicates inflammation or stones in the gallbladder.

**In the upper medial corner of the scapula, find Qu Yuan [SI-13]. It disperses wind-damp.**

Wind-damp in the shoulder and back often affects this spot. When selecting the point, rely on palpation to find the sensitive place, not the measurements listed in books. Needling or cupping is effective here.

**Bend the elbow to locate Pool at the Bend [LI-11]. To get a better effect choose Lower Pool at the Bend which is 0.5 body inches distal to LI-11.**

The treatment scope of Lower Pool at the Bend is the same as Pool at the Bend [LI-11] but qi sensation and effectiveness are more profound.

**He Gu [LI-4] is located medial to the tendon in the joint between the proximal and distal heads of the 2nd metacarpal bone. Palpate to find the most tender spot.**

Palpate along the metacarpal bone from the distal head until you feel a slight rise in the flesh. The point is in the depression just proximal to that.

**Fish Border [LU-10] is useful for treating heat asthma. Purple veins here indicate stomach cold.**

This point is the fire point and thus treats heat asthma.

**When locating Three Yin Intersection [SP-6] use this special location.**

This point is the intersection of the three foot yin channels, so when locating this point come off the bone approximately 0.5 body inches to affect the three channels. This location will achieve a strong stimulus to the bottom of the foot, the instep and the large toe.

**Sinew Support [BL-56]: consider the name of the point when locating. Though ancient books say it as contraindicated for needling, needling here is very effective.**

The word Support refers to BL-57 (Mountain Support) because BL-56 is just above that point. The character Sinew (筋) refers to the fact that the point is surrounded by sinews on four sides. BL-56 was contraindicated to needle in ancient times because the needles of those days were quite thick (about 26 gauge), and the stimulus at that point is too strong when such a thick needle is used.

**Bend Middle [BL-40] treats the back and lower back. One half body inch below is even more effective.**

One-half body inch below BL-40 there is a depression. This point is called Lower Bend Middle and is similar to BL-40 but more powerful in effect and stimulus.

**Yang Mound Spring [GB-34] has three locations for treating different disorders.**

One location is one-half body inch anterior and one-half body inch distal to the head of the fibula. This is effective for sciatic pain and wind-damp knee pain.

The second location is one and one half body inches directly distal to the head of the fibula. This point is good for diagnosing and treating a gallbladder that suffers from inflammation, stones or worms.

The third point is at the posterior edge of the head of the fibula. This point treats low back pain that gives rise to leg pain.

**Hill Ruins [GB-40] connected to Shining Sea [KI-6] treats chest bi pain.**

Use your left (non-needling) hand to pull the foot and open the joint, so the needle can pass through to KI-6. This point treats lateral costal pain and pleurisy.

Use a plum blossom needle to tap a vertical line from CV-22 to CV-15 and a horizontal line at CV-17. Add a circle at the painful point and then cup that spot. This is called three and one plum blossom and cupping method. It treats chest bi.



# 針刺手法

## *Chapter Three*

# Needle Manipulation

## 子午補瀉

- *Midnight-Noon Method for  
Supplementation and Drainage*

### Translator's Note

This is the method Dr. Shi has used in the more than thirty-five years that he has practiced acupuncture. He places great importance on proper stimulation of acupuncture points.

The easiest way to learn this method is to divide the procedure into three distinct manipulations: needle rotation, lifting and thrusting, and a combination of rotation and lifting and thrusting. It is best to practice the first two

methods thoroughly before going on to learn the third. Each of these three methods is valid on its own' but the last is the most powerful and obtains the strongest qi sensation.

Needle rotation best treats disorders of the channels where stagnation is a prominent feature. Lifting and thrusting is most suited for disorders of the organs or channels that are characterized by heat, cold, vacuity or repletion. Since most disorders involve both stagnation and other disharmonies the combination of the two methods is usually the most effective.

Two principles exist in all three methods. These are:

- Odd numbers are for supplementing and even for draining.
- Emphasis on inward movement is supplementing and emphasis on outward movement is draining.
- Quick movements disperse and therefore drain. Slower, more directed movement supplements.

This section discusses needle manipulation, not needle insertion. It is assumed that the reader is familiar with procedures to properly insert a needle and obtain qi sensation.

Note that these methods are applicable whether or not the needle is to be retained. Typically, Dr. Shi retains needles for ten to fifteen minutes. He stimulates the points then retains the needles. When supplementing with the mid-night-noon method he also manipulates the needles one last time before withdrawing the needles.

Dr. Shi emphasizes that the practitioner must pay close attention as he or she manipulates the needle. Qi follows intention.

## ***Needle Rotation***

### **Supplementing**

1. Insert the needle and obtain qi sensation.

2. Grasp the head of the needle so that the fingers and thumb follow the course of the channel to which the point belongs. For example, if needling SP-6 the fingers and thumb point toward the knee.
3. Twist the needle by pushing the thumb forward either 90°, 180°, or 360°. In other words, twist anywhere from one quarter of a turn to a full turn. The larger the degree of turn the stronger the qi sensation. Pull the thumb back to the original position thereby untwisting the needle. The initial twist is performed quickly and with strength and the return twist is done more slowly and de-emphasized. The forward twisting motion includes a slight thrust that causes the needle to penetrate a few millimeters and the return rotation includes a slight lift that returns the needle to its original depth.
4. Repeat step 2 to a total of nine times or, for stronger stimulus, repeat in odd multiples of nine as in the chart below. One may use a total of nine to eighty-one twists.

<b>Sets</b>	<b>Total</b>
1 x 9 .....	9
3 x 9 .....	27
5 x 9 .....	45
7 x 9 .....	63
9 x 9 .....	81

**Draining**

1. Insert the needle and obtain qi sensation.
2. Grasp the head of the needle so that the fingers and thumb follow the course of the channel to which the point belongs.
3. Twist the needle by pulling the thumb back either 90°, 180°, or 360°. In other words, twist anywhere from one quarter of a turn to a full turn. The larger the degree of turn the stronger the qi sensation. Push the thumb back to the original position thereby untwisting the needle. The initial twist is

performed quickly and with strength and the return twist is done more slowly and de-emphasized. The backward twisting motion includes a slight lift that causes the needle to rise a few millimeters and the return rotation includes a slight thrust that returns the needle to its original depth.

4. Repeat step 2 to a total of six times or, for stronger stimulus, repeat in even multiples of six as in the chart below. One may use a total of six to thirty-six twists.

<u>Sets</u>	<u>Total</u>
1 x 6 .....	6
2 x 6 .....	12
4 x 6 .....	24
6 x 6 .....	36

### ***Thrusting and Lifting***

This method requires an understanding of the three levels of insertion referred to as Heaven, Human and Earth. Earth is the depth at which qi sensation is obtained. Heaven is approximately one third of the distance from the surface of the skin to the Earth level and the Human level is two-thirds of the distance from the surface of the skin to the Earth level.

Since supplementation aims to bring qi from the wei (or defense) level into the inner body to enter the channels, the emphasis is on inward thrusts. Conversely, one drains pathogenic qi from the inner body by emphasizing lifting.

#### **Supplementing**

1. Insert the needle to the level where qi is obtained (this is the Earth level).
2. Lift the needle slowly to the Heaven level.
3. Thrust (with strength) to the Human level.
4. Thrust (with strength) to the Earth level.
5. Perform steps two through four a total of 3, 5, 7, or 9 times.

### **Draining**

1. Insert the needle to the level where qi is obtained. This is the Earth level.
2. Lift (with strength) to the Human level.
3. Lift (with strength) to the Heaven level.
4. Insert slowly to the Earth level.
5. Perform steps two through four a total of 2, 4, or 6 times.

### ***Thrusting and Lifting with Needle Rotation***

#### **Supplementing**

1. Insert the needle and obtain qi.
2. With fingers following the course of the channel twist the needle by pushing the thumb forward either 90°, 180°, or 360°. Push and return as when applying supplementing via the rotating needle method. Complete nine twists.
3. Lift the needle to the Heaven level.
4. Thrust (with strength) to the Human level.
5. Thrust (with strength) to the Earth level.
6. Perform steps 2-5 three more times and then retain the needle (if appropriate).
7. Before withdrawing the needle perform steps 2-5 one more time.
8. Lift the needle slowly (in one motion) and cover the hole immediately after removing the needle.

#### **Draining**

1. Insert the needle to the level where qi is obtained. This is the Earth level.
2. With fingers following the course of the channel twist the needle by pulling the thumb back either 90°, 180°, or 360°. Pull and return as when applying draining via the rotating needle method. Complete six twists.

3. Lift the needle to the Human level.
4. Lift the needle to the Heaven level.
5. Lightly insert the needle to the Earth level.
6. Repeat steps 2-5 three times and retain the needle (if appropriate).
7. Remove the needle by lifting, with strength, in three stages -- to the Human level, to the Heaven level, and out. Do not cover the hole after removing the needle.

Note:

Only when supplementing is the point stimulated after the needle is retained. This makes a total of five sets of manipulations which is an odd number and thus suitable for supplementation.

## 三向透針法

### ■ *Tri-directional Joining Needle*

This method of needle manipulation was developed during more than 30 years of clinical practice. It is useful for the treatment of paralysis owing to wind stroke, polio, and heat or summerheat patterns (e.g., meningitis).

#### ***Method***

The following are the steps for performing tri-directional joining needling. This is the general procedure which should be modified according to the given situation and the considerations cited below.

1. Insert the needle and obtain qi. Perform a supplementing or draining stimulus on the point according to the particular case.
- 1a. Push the needle through to the point on the other side of the limb and obtain qi there. (Place a finger on the skin of the opposing surface so that you can feel the needle if it gets too close to the skin. It is not appropriate to penetrate the skin on the opposing surface.) Again manipulate the needle according to the principles of supplementation or drainage. This is the first stage of the procedure - straight joining needle.
2. Withdraw the needle so that it is almost completely removed but remains with the tip just below the skin.
3. Insert the needle at a transverse angle in the direction of the flow of qi in the channel. Thrust, pull and twist the needle according to the principles of *supplementation* as you insert the needle. This is the second stage of the procedure - following the channel.
4. Remove the needle to the position of step 2 above.
5. Insert the needle at a transverse angle in the direction opposite to the flow of qi in the channel. Thrust, pull and twist the needle according to the principles of *drainage* as you insert the needle. This is the third stage of the procedure - countering the channel.
6. Retain the needle for ten minutes and then apply a draining stimulus once more as you remove the needle.

## ***Important Considerations***

### **Tri and Bi directional needling**

Bi-directional needling is applied when the point being needled does not have an oppositional counterpart. The same procedure as for tri-directional needling is performed but step 1a is omitted. Points that have no oppositional counterpart are mostly on the face. They include ST-4, ST-6, TB-23 and TB-22.

Tri-directional needling is frequently applied to the following points:

LI-11, LI-9, LI-5, LI-4

LU-5, LU-4

SI-3, SI-7

HT-3, HT-4

TB-5, TB-12

PC-6, PC-3

ST-33, ST-36, ST-38

SP-6, SP-9, SP-11

BL-37, BL-40, BL-57

KI-9, KI-10

GB-31, GB-34, GB-36

LV-5, LV-9

### **Considerations regarding insertion of the needle along the channels in tri-directional needling.**

#### *Angle of insertion*

Where the flesh is sparse the needle follows the channel pathway just below the skin. Where the flesh is abundant, as on the thigh or upper arm, the needle should angle into the flesh from 15° to 30°.

#### *Span of insertion along the channels*

The needle should be inserted one to three inches along the channel. In some cases the insertion can reach five inches. The longer insertions are relevant when connecting two points on the same surface. For example, ST-36 >> ST-40.

## ***Reasoning of Tri-directional Joining Needling***

### **Straight joining needle**

This method joins yin and yang channels one to the other and thus harmonizes yin and yang. An example is PC-6 >> TB-5 or vice versa. Penetrating from a yin channel to a yang channel brings yin qi outward to nourish yang. Penetrating from a yang channel to a yin channel pushes yang qi inward to nourish yin. Paralysis is usually a long-standing disorder and the pathogen is deep within the channels. Deep needling, as applied in straight joining, is particularly effective.

A young girl whom we once treated at Xiamen Chinese Medicine Hospital provides a good example. As the result of a high fever, she was left with tonic paralysis of her entire body. Her hands were clenched to such an extent that her fingernails dug into her palms. She had been like this for four months. After a few treatments her hands loosened and she was able to hold a spoon to eat. The procedure that brought such quick relief was a joining needle from LI-4 through HT-8 to SI-3.

### **Following the channel**

Needling in the direction of the channel is considered to be a supplementing procedure. Applying a supplementing stimulus while needling along the channel emphasizes this effect and supplements the qi and blood in the channels and network vessels. Because the needle slants from the exterior toward the interior it brings qi inward from the wei (defence) level to the channels. Since the goal of this phase is supplementation the procedure should be done in a slow and steady manner. By supplementing we help the body to dispel the pathogen (wind, damp, cold or qi or blood stagnation) and prevent further invasion by wind, damp or cold.

### **Countering the channel**

Needling against the flow of qi in a channel is considered to be a draining stimulus. When performing this procedure one should use forceful and rapid thrusting and pulling to accentuate the draining effect. This helps to free the channels and drain the excess pathogen from the channels and network vessels.

### **Clinical adjustments**

When applying this method in the clinic we must be flexible and take the patient's condition into consideration. If treating a patient whose constitution is very weak we can apply a supplementing stimulus while joining points and while following the channel. Further, we can gently drain while countering the channel. Another option is to change the order of the three procedures so that we first perform straight joining needle, then counter the channel and lastly, follow the channel. This ends the manipulation with an emphasis on supplementation rather than drainage.

The opposite is true for treating a patient whose constitution is replete.

### ***Drainage Followed by Supplementation***

To apply stimulation in the form of drainage followed by supplementation in the tri-directional joining needle method:

1. Perform the joining needle technique and stimulate each point by first applying a draining manipulation and then a supplementing one.
2. Withdraw the needle to just below the skin and angle it to counter the channel flow. Apply a draining stimulus.
3. Withdraw the needle to just below the skin and angle it to follow the channel flow. Apply a supplementing stimulus.
4. Cover the hole upon withdrawing the needle.

## ***Supplementation Followed by Drainage***

To apply supplementation followed by draining in the tri-directional joining needle method:

1. Perform the joining needle technique and stimulate each point by first applying a supplementing manipulation and then a draining one.
2. Withdraw the needle to just below the skin and angle it to follow the channel flow. Apply a supplementing stimulus.
3. Withdraw the needle to just below the skin and angle it to counter the channel flow. Apply a draining stimulus.
4. Do not cover the hole upon withdrawing the needle.

## **Sample Case**

**Patient:** *Mr. Wu*

**Age:** 72

**Occupation:** *Retired*

### ***History***

One day about two months prior to coming to our clinic the patient had suddenly lost strength in the left side of his body. He became disoriented and was brought to a Western medicine hospital for treatment. He was diagnosed as having had a cerebral aneurysm and remained in the hospital for two weeks until his consciousness cleared. Mr. Wu remained unable to use his left side and had no improvement in this respect before he came to the acupuncture clinic for treatment.

### ***Examination***

In addition to hemiplegia, the patient also had difficulty speaking and had superficial swelling on his face and feet. His tongue was enlarged with teeth marks and carried a

white, greasy fur. The pulse was deep, beat at a moderate rate and had strength. Mr. Wu's blood pressure was recorded as 150/92.

### ***Treatment***

Upper body: ST-4 >> ST-6, LI-15, LI-11, LI-4, TB-5

Lower body: GB-30, GB-34, ST-36, GB-39 and SP-10

The method of tri-directional or bi-directional joining needling (first supplementing and then draining) was applied to all these points.

This was complemented by needling of the following points to treat impaired speech:

GV-15 and CV-23; the speech region on the scalp was also needled.

### ***Outcome***

Mr. Wu underwent 20 treatments at the end of which his left arm could lift 8 pounds and he could walk three miles. He did not have a relapse.

# 治療

## *Chapter Four*

# Treatment

### ■ *Acupuncture*

#### **Stroke 中風**

This disorder can be divided into two types: block pattern and desertion pattern. The treatments here are intended for use soon after the stroke.

#### ***Block Pattern* 閉證**

Block pattern is characterized by sudden onset, partial or complete loss of consciousness, clenching of fists and jaw, red face color, rough breathing, a slimy, yellow tongue fur, and a wiry, slippery and rapid pulse.

Choose from the following two treatments:

- GV-26, drain; Bleed M-UE-1 to 5 (Shi Xuan).
- GV-20, drain; bleed the twelve well-jing points.

#### ***Desertion Pattern* 脫證**

Desertion pattern is characterized by sudden onset with partial or complete loss of consciousness, closed eyes and

open mouth, open hands, urinary incontinence, perspiration, cold hands and feet, flaccid tongue, and a fine, weak pulse.

Choose from the following two treatments.

- GV-20, CV-4. Moxa both points until the pulse resumes normalcy, sweating ceases and hands and feet are no longer cold.
- CV-4 and CV-6. Moxa both points 10 to 15 minutes or 3-5 cones; needle GV-26, supplement.

## **Post-stroke Symptoms 後遺症**

Three of the most common outcomes of stroke; hemiplegia, impaired speech, and facial paralysis, are discussed below. The points suggested should be combined with points that treat the constitutional imbalances that gave rise to the stroke.

### ***Hemiplegia* 半身不遂**

Alternate the following three treatments. Treat every other day.

- LI-15, LI-11 (Employ bi-directional needling on these two points.), LI-4, M-UE-22 (Ba Xie points), ST-30, ST-33, ST-36, and M-LE-8 (Ba Feng points).
- TB-14, TB-10, TB-5 >> PC-6, Zhong Ba Xie points, GB-30, GB-31, GB-34 (employ tri-directional needling on this point), GB-39 and Zhong Ba Feng points.
- SI-9, SI-7, SI-6, Hou Ba Xie points, BL-23, BL-28, BL-37, BL-40, BL-57 and Hou Ba Feng points.

### ***Note***

Tri-directional needling is discussed in the chapter on needle manipulation. A brief synopsis follows:

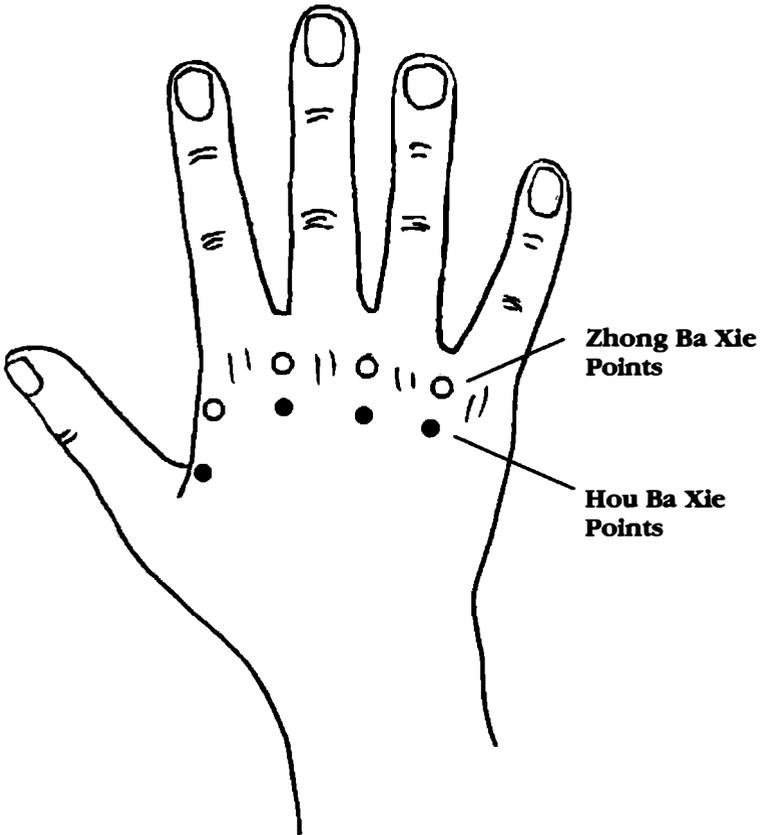
1. Insert the needle and obtain qi. Perform a supplementing or draining stimulus on the point according to the particular case.
- 1a. Push the needle through to the point on the other side of the limb and obtain qi there. (Place a finger on the skin of the opposing surface so that you can feel the needle if it gets too close to the skin. It is not appropriate to penetrate the skin on the opposing surface.) Again manipulate the needle according to the principles of supplementation or draining. This is the first stage of the procedure - joining needle.
2. Withdraw the needle so that it is almost completely removed but remains with the tip just below the skin.
3. Insert the needle at a transverse angle in the direction of the flow of qi in the channel. Thrust, pull and twist the needle according to the principles of supplementation as you insert the needle.
4. Remove the needle to the position of step 2 above.
5. Insert the needle at a transverse angle in the direction opposite to the flow of qi in the channel. Thrust, pull and twist the needle according to the principles of draining as you insert the needle.
6. Retain the needle for ten minutes and then apply a draining stimulus once more as you remove the needle.

Note

If the point to be needled is not opposite another point, bi-directional needling is applied. Follow the above instructions but omit step 1a.

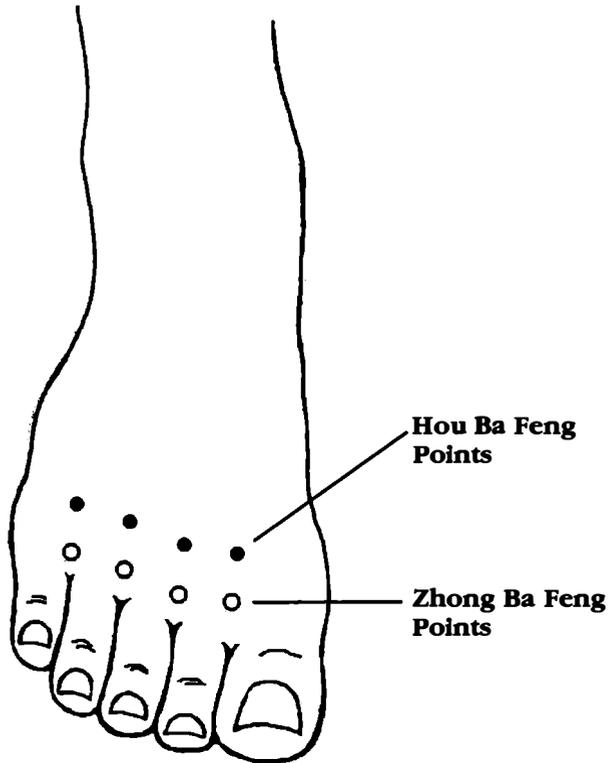
**Location of Central (Zhong) and Proximal (Hou) Ba Xie and Ba Feng points**

Central Ba Xie (Zhong Ba Xie) points are proximal to commonly used Ba Xie (M-UE-22) points. They lay directly on line with the peaks of the metacarpalphalangeal joints. Proximal Ba Xie (Hou Ba Xie) points lay in the depressions just proximal to that.



**Location of Zhong Ba Xie and Hou Ba Xie Points**

Central Ba Feng (Zhong Ba Feng) points are proximal to commonly used Ba Feng (M-LE-8) points so that they lay directly on line with the peaks of the metatarsophalangeal joints. Proximal Ba Feng (Hou Ba Feng) points lay in the depressions just proximal to Central Ba Feng (Zhong Ba Feng)



### **Location of Zhong Ba Feng and Hou Ba Feng Points**

#### *Needle technique for treating hemiplegia*

In the first three months after onset, drain the affected side. From three months to six months, first drain and then supplement the affected side. After six months first drain the healthy side and then supplement the affected side.

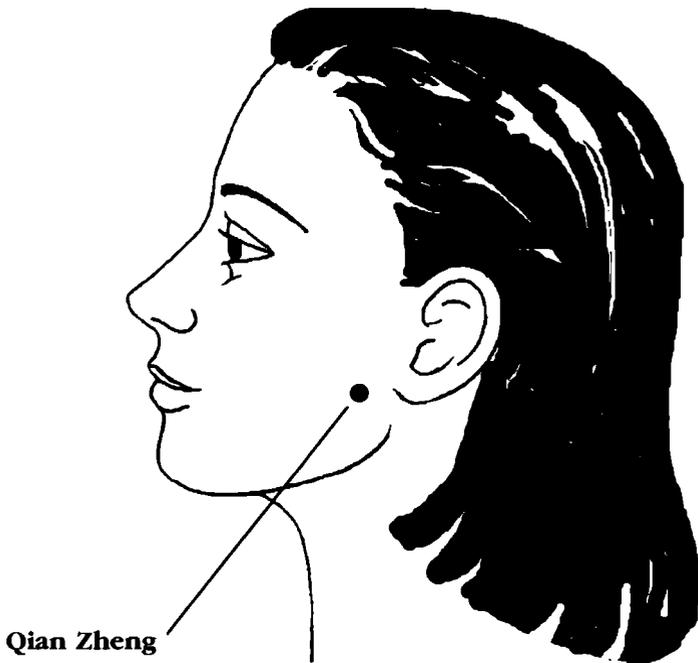
**Difficult Speech 難言**

GV-15, CV-23 and HT-5. Drain each point.

**Facial Paralysis 面癱**

Alternate the following two treatments.

- Qian Zheng (non-channel point located one finger width anterior to the point where the bottom of the earlobe attaches to the jaw. See figure below.), LI-19 and GB-20. Treat affected side only; drain all points.
- GB-2, drain; ST-6 >> ST-4.



**Location of Qian Zheng**

## **Prevention of Stroke 中風預防**

We use this treatment when a patient has signs of impending stroke. Signs that imply such a condition are numbness on the insides of the shins, tingling and numbness in the arms and hands, high blood pressure, headaches, and a yin-yang pulse. A yin-yang pulse is one where the strength of the radial pulse on one wrist is considerably stronger than that of the other wrist.

Use both of the following two treatments.

- Moxa GB-31, ST-36 and GB-39 one time a week. Use either three cones of direct moxa or ten minutes with a moxa pole at each point.
- Needle the following points twice a week: GV-20, GB-20, LI-11, LI-4, ST-36 GB-31 and GB-39. First mildly drain and then mildly supplement each point.

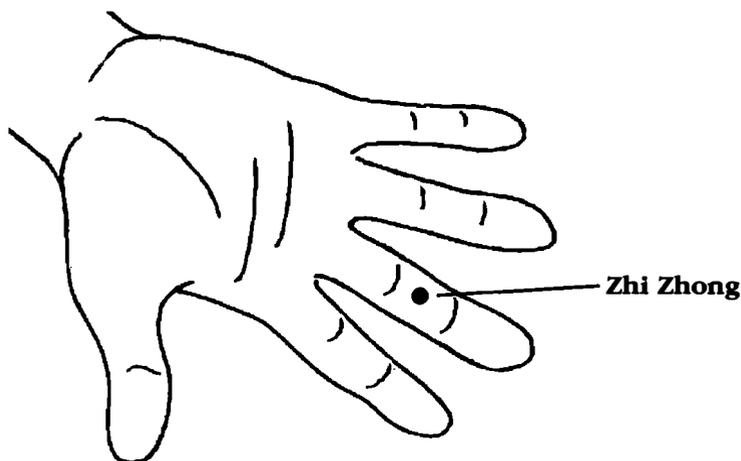
## **Common Cold 感冒**

### **Flu Type 病毒性**

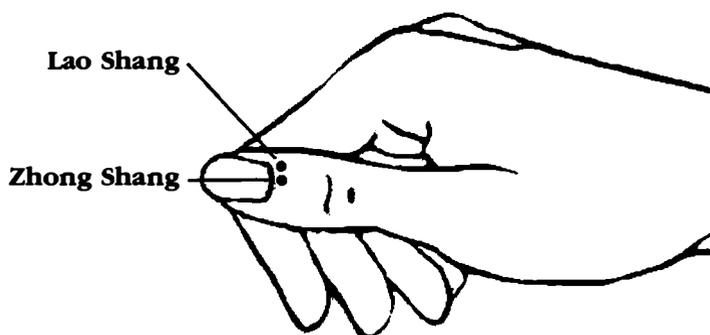
An intense illness with high fever (39.5° - 40.2° centigrade or 101° - 105° Fahrenheit), headache, muscle aches throughout the body, nasal congestion, sore throat and cough.

LU-11, Zhong Shang (level with LU-11 on the vertical midline of the back of the thumb), Lao Shang (on the ulnar edge of the thumb level with LU-11; i.e., the mirror image of LU-11), Zhi Zhong (on the volar aspect in the center of the middle phalanx of the long finger). Bleed 7-14 drops at each point. Drain GV-26.

*(see figures next page)*



**Location of Zhi Zhong,  
Lao Shang and Zhong Shang Points**



### **Less Serious Type** 不嚴重

Treatment is differentiated by the presence of wind-cold or wind-heat.

#### **Wind heat** 風熱

Fever (38.5° - 39.5° centigrade or 99° - 101° Fahrenheit), red face, stuffed nose, cough, floating and rapid pulse and a red tongue with yellow fur characterize this pattern.

GV-14, BL-12, LI-11 and LU-11; drain all points. LU-11 can also be bled.

## **Wind cold 風寒**

This pattern presents with aversion to cold, fever, sallow complexion, cough, white fur and a floating, tight pulse.

GB-20, TB-5, LI-4 and LU-7; drain all points.

### ***Prevention***

#### **Those Who Get Colds Throughout the Year**

Moxa BL-12 once a day for a month. Apply three cones or warm ten minutes with a moxa pole.

#### ***Translator's Note***

See the article entitled *Prevention of Cold and Flu by Applying Moxabustion at Wind Gate* later in this chapter for more on this.

#### **During the Cold Season**

Often moxa BL-12 (burn three cones or warm with a moxa pole ten minutes) and needle ST-36 every day during the time colds are prevalent. Apply a supplementing stimulus that moves down to ST-42 then remove the needle; i.e., don't retain the needle.

## **Summerheat Strike (Sunstroke) 中暑**

### ***Serious Type***

Characterized by fever above 39.5° centigrade (101° Fahrenheit), fainting, thirst, headache, body aches throughout the entire body, stomach ache and vomiting.

Bleed M-UE-1 to 5 (Shi Xuan), 7-14 drops. GV-26, LI-11, LI-4, BL-40 and ST-36; drain all points.

### ***Light Case***

Symptoms include temperature below 39.5° centigrade (101° Fahrenheit), mild headache, thirst and body aches. Patient is conscious and clear.

GV-14, LI-11, and LI-4; drain these points moderately.

Note

Combine one of the above point prescriptions with the symptom related prescriptions outlined below to design a complete treatment.

***Vomiting and Diarrhea*** 嘔瀉

Bleed BL-40 bilaterally. With the patient standing with legs straight, slap the area around BL-40 firmly with the hand until the vein at or near the point protrudes. Prick the vein and then rub downward from BL-37 to push blood from the vein. The blood will be purple at first and then turn red and will not come out in drops, but will flow out. Bleed PC-3 bilaterally, in the same way as BL-40, rubbing downward from LI-15. In both cases, when the blood turns from deep purple to red, press the point with sterile cotton to staunch bleeding.

***Cold Limbs with Sweating and a Fine Pulse***

## 四肢厥冷, 汗出, 脈細

ST-36, BL-25, and CV-11; moxa each point for ten minutes with a moxa pole.

***Great Thirst*** 大渴

M-HN-20b (Jin Jin), M-HN-20a (Yu Ye). To gain access to these points pull out tongue (cover the fingers with gauze or rubber gloves). When you prick the point, use a slight pulling motion as if plucking out matter from the vein. A thick gauge needle is sufficient for this; a tri-edged needle is not necessary.

**Alternative method**

Bleed 7-14 drops from TB-1. Needle PC-7, drain.

## **Cough 咳嗽**

### ***Cough Left Over from a Cold* 感冒後期**

When all signs of the cold, except the cough, have disappeared.

BL-12, CV-22, LI-4, and LU-7; drain all points.

### ***Cough Resulting from Internal Damage***

#### **內傷咳**

This often corresponds to tuberculosis or chronic bronchitis in Western medicine.

BL-13, LU-5, and LU-9; first drain then supplement all points.

### ***Lingering External Contraction* 感冒久不解**

Treatment of cough that coexists with a cold that lasts for two weeks or more.

Needle GV-12 , tap GV-10 with a seven star needle and then cup with a medium sized cup to draw out blood.

### ***To Prevent Recurrence of Cough***

#### ***Owing to Internal Damage***

#### **預防內傷咳復發**

Frequently moxa the following two points:

BL-13, three cones or ten minutes with a moxa pole and BL-43, five cones or 15 minutes with a moxa pole.

## **Asthma 氣喘**

### ***Cold Type* 寒證**

Patients who have cold-type asthma are worse in cold weather, have white phlegm, a white complexion, a pale tongue with a white fur, cold limbs and a pulse that is thin, tight and has no strength when pressure is applied.

Moxa GV-10, 3 cones or 10 minutes with a moxa pole and BL-43, 5 cones or 15 minutes with a moxa pole.

### **Hot Type 熱證**

This pattern is characterized by a red face, a red tongue with yellow fur, phlegm, and a large, strong pulse.

LI-4 and LU-10; drain both points.

### **Vacuity Type 虛證**

Shortness of breath and a fine pulse are indicative of vacuity asthma.

BL-15, BL-20 and BL-23, three cones or 10 minutes with a moxa pole. CV-4, first supplement by needling and then apply 5 cones of moxa or heat with a moxa pole for 15 minutes.

### **Repletion Type 實證**

This pattern is characterized by uneven respiration, raising of the shoulders and a large, strong pulse.

Needle BL-13, CV-22 and LU-10 at each treatment, then choose from LU-1, CV-17, CV-12, LU-9, ST-36 or LI-4. If phlegm is abundant add ST-40. Retain the needle at ST-40 at least 20-30 minutes; longer if the phlegm is copious.

### **Prevention of Recurrence 預防復發**

Ten days after symptoms have abated apply the following two treatments alternately to prevent recurrence. This method is appropriate for all types:

- GV-12, BL-13, CV-12, and CV-6; moxa pole each point for 10 minutes.
- GV-10 and ST-36, moxa pole each point for 10 minutes.

### **Addendum: Herb Plaster Method**

This is an example of the principle of treating winter disorders during the summer, because it is best applied

during the height of summer, and asthma is generally worse in the winter.

Grind the following ingredients into a powder and mix with ginger juice to make cakes 3 centimeters in diameter and ½ centimeter thick.

**Ingredients:**

Xi xin (*Asari*), 10 grams; bai jie zi (*White Mustard Seeds*), 10 grams (use half untreated and half stir-fried); yan hu suo (*Corydalis*), 5 grams; gan sui (*Euphorbiae Kansui*), 5 grams; white flour, 3 grams; she xiang (*Secretio Moschi Moschiferi*), a pinch.

Place the cakes on BL-13, BL-43 and Xiao Chuan point (two body inches lateral to the center of the space below the 7th vertebrae). Rub the area with ginger juice before applying the plasters and cover the plaster with a commercially available anti-contusion plaster.

Leave the cakes in place for 24 hours. If there is an adverse reaction such as a fever or intense pain, the cakes can be removed earlier. The best time to apply the cakes is between 11 a.m. and 1 p.m. Repeat once every ten days for a total of three times. After that wait until the skin is recovered and repeat if necessary.

At the Xiamen Hospital this method is applied every summer and several hundred asthma patients are treated each year. Hospital records document that 87.8% of the 1330 patients whose cases were followed reported noticeable improvement.

**Warning**

This method can irritate the skin and in some cases will permanently scar. The scar takes the form of slightly darkened and thickened skin on the points where the plaster is applied.

## Vomiting 嘔吐

### *Nervous Vomiting* 神經性

Recurrent and enduring vomiting with no known physiological cause.

ST-43 >> KI-1, retain the needle for 24 hours. Use a one and a half inch needle and bend the head to tape it in place. Alternate between the left and right foot daily.

## Diarrhea 腹瀉

### *Enduring Diarrhea (Chronic Enteritis and Colitis)* 慢性腹瀉

BL-25 and ST-25; moxa each point, 3 cones or 15 minutes with a moxa pole. Apply a moxa pole over salt on CV-8 for 20 minutes.

### *Dysentery* 痢疾

- Needle BL-25, ST-25 and ST-37; use a draining stimulus and retain the needles for 15-20 minutes.
- For qi vacuity or if the heartbeat is felt strongly in the lower abdomen, apply moxa on needle to CV-6.
- For fever, apply a draining stimulus to LI-11.
- For severe pain, needle SP-6. Apply a draining stimulus.

## Habitual Constipation 習慣性便秘

Warm HT-7 bilaterally with a moxa pole 10-15 minutes once a day. Continue daily treatment for one week after normal bowel movements resume.

## Prolapse of the Rectum 脫肛

Alternate the following two treatments:

- Needle GV-1 and BL-57; supplement.
- Moxa each of the following points for ten minutes with a moxa pole: GV-20, CV-8, ST-36 and CV-6.

## Childhood Urinary Incontinence

### 小兒遺尿

Needle CV-12, CV-4, LI-4, and SP-6; supplement all points.

The treatment works best if given between 3-5 p.m. The child should take no liquids (this includes ice cream) in the evening. Have the child urinate just before sleep and wake him or her up after two hours to urinate again.

## Urinary Block 尿閉

Needle CV-3, SP-6, and ST-27; drain all points.

## Seminal Loss 遺精

Needle BL-15, BL-23, CV-4, SP-6, and KI-3; first supplement and then drain all points.

## Impotence 陽萎

Alternate between the following two treatments.

- CV-3 and KI-11; supplement both points.
- CV-2 and KI-12; supplement both points.

### Translator's Note

The needle sensation from CV-3 and CV-2 should extend to the head of penis and that for KI-11 and KI-12 should extend to the testicles. As mentioned in the chapter on point location, Dr. Shi locates the abdominal points of the kidney channel one body inch lateral to the CV channel not ½ inch as most modern books teach.

## **Insomnia 失眠**

Drain both HT-7 and PC-6. First drain then supplement SP-6 then apply moxa on the needle or use a moxa pole for 15 minutes at that point.

Apply a draining stimulus to BL-15. Supplement BL-23 with both needle and moxa (apply moxa pole for 15 minutes).

If this is a serious or prolonged disorder drain LI-4 and LV-3.

## **Epilepsy 癲癇**

### ***During an episode***

Needle GV-26, PC-9 and LV-3. If this is insufficient to stop the seizure add LI-4 (drain all points).

For patients who frequently have episodes use the following treatment at times when the disorder is not manifesting.

### ***General treatment***

First, needle LI-4 and LV-3 to move phlegm lodged in the channels. Drain both points. Second, moxa CV-15, 7 cones or 15 minutes with a moxa pole. Add the following points according to the time of the seizures:

#### **Diurnal seizures**

Drain BL-62.

#### **Nocturnal seizures**

Drain KI-6.

### ***Prevention***

If the patient has not recently had a seizure, this treatment may be used to help prevent future occurrences.

Needle Yao Qi point (three finger widths up from the lower tip of the coccyx); needle just under the skin in an upward direction two to three inches. Retain the needle for 30 minutes. Treat 2-3 times a week for a total of ten times.

## **Dizziness 頭暈**

Drain GB-20 and LI-4 and supplement KI-3. Apply a moxa pole to GV-20 for seven minutes.

## **Chest Pain 胸痛**

Use a plum-blossom or seven star needle to tap from CV-22 to CV-15. At level of pain, tap horizontally from the center line to the armpit. Also, tap around the area where the pain is most distinct and then apply a cup to that spot. Use a joining needle at GB-40 >> KI-6 if the condition is enduring or stubborn. Apply joining needle contralaterally if pain is unilateral, otherwise, needle bilaterally.

## **Stomach Pain 胃痛**

Choose from the following treatments.

- CV-12, KI-20, PC-6 and ST-36; first drain and then supplement these points. If the pain is owing to vacuity or cold, add 3 cones of moxa or fifteen minutes with a moxa pole to ST-36.
- ST-34, ST-36 and SP-4; first drain and then supplement these points. If the pain is owing to vacuity or cold, add 3 cones of moxa or fifteen minutes with a moxa pole to ST-36.
- CV-13, CV-12 and CV-10; first drain then supplement and retain the needles for one hour.

## **Low Back Pain 腰痛**

### ***Back Sprain 扭傷***

Drain GV-26, BL-40 and local a-shi points. If that doesn't bring relief, use a plum blossom needle at a-shi points and then perform cupping at those points to draw out blood.

**Kidney Vacuity 腎虛**

GV-4, BL-23 and KI-3; supplement all points. M-BW-24 (Yao Yan); moxa on needle or apply a moxa pole for 15 minutes. Moxa can also be used to treat BL-23 and GV-4, but it is not as effective as at M-BW-24 (Yao Yan).

**Wind-damp 風濕**

BL-23, BL-28 and BL-40; first drain then supplement these points. Add moxa on needle at a-shi points.

**Bi Patterns 痺證****Bi Affecting the Whole Body**

BL-20, BL-23 and BL-18.

Translator's Note:

When treating Bi patterns, Dr. Shi uses a draining stimulus to relieve pain and dispel the pathogen and then applies a supplementing stimulus.

**Bi Affecting the Arms**

LI-15, LI-11 and LI-4; first drain then supplement all points.

**Bi Affecting the Legs**

GB-30, GB-31, GB-34, and GB-39; first drain then supplement all points.

Add a-shi points and channel points near to the pain. If the disorder is long standing, moxa on the needles is especially effective.

**Uterine Bleeding 崩漏****Treating the Branch (Staunching Bleeding) 治標**

Cauterize SP-1 with *deng xin cao* (*Medulla Junci Effusi*). This is done by lighting the end of the herb and extinguishing it by pressing it on to the point; repeat seven

times. Alternatively, apply moxa pole for 10 minutes. Also moxa GV-20 with 3-7 cones or warm with a moxa pole for 7-10 minutes.

### **Treating the Root 治本**

#### **Vacuity 虛證**

Moxa BL-20, BL-23, CV-4 and SP-6. Burn 3, 5, or 7 cones or warm with a moxa pole for 7-10 minutes.

#### **Repletion Heat 實熱**

Use the same points as for vacuity with the addition of SP-10. Use needles instead of moxa and apply a draining stimulus.

### **Vaginal Discharge 帶下**

Use the following two treatments alternately.

- BL-30 and CV-3; first drain then supplement both points.
- CV-4, CV-3, ST-27, SP-6, and SP-9; first drain then supplement all points.

### **Insufficient Lactation 缺乳**

Needle ST-18, LU-5 and SI-1; first supplement then drain these points. Warm CV-17 with a moxa pole for 10 minutes — don't use direct moxa because it is too inconvenient to the nursing mother.

### **Infantile Convulsions 小兒驚風**

This disease (literally, infantile wind fright) occurs in children between the ages of one and five and it presents with fever, convulsions, trismus and upward gazing eyes.

M-HN-3 (Yin Tang) >> BL-2; needle toward the left for boys and toward the right for girls. Needle both GV-26 and LI-4 with a draining stimulus and insert a joining needle at LV-3 >> KI-1.

## Whooping Cough 百日咳

During the initial stage of the disease (first 3-5 days) whooping cough is contagious. The disorder presents with symptoms that resemble a cold and diagnosis is based on the fact that whooping cough is “going around”. Later the coughing comes in fits (10-50 per day) during which the face becomes reddened, the eyes injected and the veins distended. The paroxysms consist of a deep inspiration, followed by a series of short coughs which continue until the air is expired. These coughing fits can induce vomiting and, in extreme cases, epistaxis or other hemorrhage.

### *Initial Stage*

Cup GV-12.

### *Paroxysmal Stage*

Use a thick needle to stab M-UE-9 (Si Feng) and drain out a liquid that resembles egg yolk. Needle CV-12, BL-20 and ST-36; drain all points.

## Tinnitus and Hearing Loss 耳聾耳鳴

Alternate the following treatments.

- Needle TB-17, GB-2, and TB-3; supplement or drain these points according to vacuity or repletion — if mixed use a neutral stimulus. Also, moxa CV-6 with 5 cones or for 15 minutes with a moxa pole.
- Needle SI-19, TB-18, and BL-60; needle stimulus should be determined by the presence of repletion or vacuity as mentioned above. Also, moxa BL-23, with 3 cones or apply a moxa pole for 10 minutes.
- Needle Ren Tong, Du Tong (See **Chapter 2, Points**, for location of these points), LU-7 and SI-3. Moxa CV-4 and GV-4, 3 cones each or warm each point with a moxa pole for 10 minutes.

## Red Eyes (Conjunctivitis) 目赤

Bleed BL-2 and TB-23 (7-14 drops); needle LI-4, and TB-5; drain both points.

Needle BL-1, with a draining stimulus until tearing occurs. Drain both GB-1 and M-HN-9 (Tai Yang) and bleed the vessels on the back of the ear; one or two drops on the affected side only.

If the condition is enduring, use a sterilized sewing needle to pick out the white stringy substance that can be found just under the skin at BL-18. Pluck out 7-14 strands on a horizontal line at the point.

### Translator's Note

This procedure is usually done by making a small, superficial, horizontal incision and plucking the white stringy matter from just below the skin. Though a common practice in China, it is beyond the scope of treatment of most Western practitioners.

## Nasal Disorders 鼻病

### **Stuffed Nose (Nasal Congestion) 鼻塞**

Needle GB-20 and LI-4; drain both points. Moxa GV-23 with 3 cones or a moxa pole for 10 minutes.

### **Epistaxis 鼻衄**

Needle LV-3, drain.

Crush garlic, apply it to KI-1 on both feet and cover with cloth tape. Leave on overnight.

### **Allergic Rhinitis 過敏鼻炎**

Needle LI-20, LI-4, and M-HN-14 (Wai Ying Xiang) with a draining stimulus. Needle M-HN-3 (Yin Tang) downward; also use a draining stimulus. Use moxa on needle at LI-11

and moxa GV-23 with 3 cones or 10 minutes with a moxa pole.

*Translator's Note:*

M-HN-14, known as Outer Receive Fragrance (Wai Ying Xiang), is discussed in **Chapter 2, Points**.

## **Toothache 牙齒痛**

### ***Side of Mouth***

#### **Lower Teeth**

ST-6, LI-4, both on the affected side; drain.

#### **Upper Teeth**

ST-7, on affected side. LI-4 opposite from affected side; drain all points.

### ***Front of Mouth***

#### **Upper Teeth**

GV-26 and ST-44; needle bilaterally and drain both points.

#### **Lower Teeth**

CV-24, ST-44; needle bilaterally and drain both points.

### ***Yin Vacuity***

KI-3, supplement. LV-2, drain.

## **Sore Throat 喉嚨痛**

Drain LI-4 and bleed 7-14 drops of blood from LU-11.

## **Hives 蕁麻疹**

LI-11, LI-4, GB-20, ST-36, and SP-10; drain all points.

## Clove Sores 疔瘡

A clove sore is a type of furuncle with a deep, clove-shaped core. This treatment is best for the initial stage of a clove sore, before it forms a head and suppurates.

Bleed GV-12 and GV-10 and cup for ten minutes to draw out blood.

### *On the Arm*

Needle LI-4 and LI-7, drain both points.

### *On the Leg*

Needle ST-36 and BL-40, drain both points.

### **Addendum**

#### Red Thread Clove Sore

Red thread clove sore is a clove sore that usually occurs on the inner arm and has red strands extending up the arm.

Bleed 7-14 drops from the end of the strands (until the blood runs thin). The end of the strand is the end above the lesion toward the heart. If the strands go past the elbow don't bleed the end of the strands, but instead, bleed places on the strands that are below the elbow and correspond to points of the pericardium channel.

## Mumps 疔腮

Apply a moxa pole to ST-6 and M-HN-10 (Er Jian) for 5 minutes. Needle TB-17, LI-4, ST-36, and TB-5; drain all points.

## Acute Mastitis 急性乳房炎

Needle GB-21 (no deeper than 7 fen), twist the needle for three minutes and then remove it. Needle ST-18, SI-1, and CV-17; drain these points.

## **Appendicitis (Intestinal Yong) 腸癰**

Needle ST-25, McBurney's point and M-LE-13 (Lan Wei Xue). Retain needles for 2-3 hours and repeat 1-2 times per day. Reduce the time of needle retention by 30-60 minutes on the second and third day as the condition improves. Use a draining stimulus on all points.

### *Translator's Note*

This treatment addresses the initial stage of appendicitis which is defined as the first 24 hours. In China, treatments like this are applied in the hospital while waiting to see if an appendectomy is necessary. Clearly, while potentially effective, this treatment is not be a substitute for proper medical attention.

## **Stiff Neck 項強**

Apply a draining stimulus to GB-20 then use a plum-blossom needle and cup at GB-21. Lastly, apply a draining stimulus to GB-39 and have the patient turn his or her head from side to side slowly as the needle is manipulated.

## ■ *Self Massage for Maintaining Health*

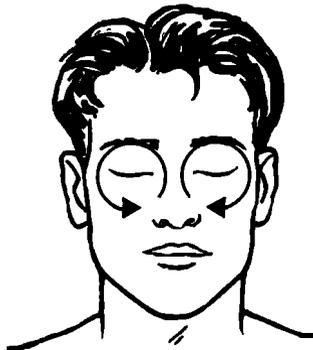
This massage method is meant to promote circulation of qi throughout the body. It should be performed daily. Note the following:

- Follow the sequence prescribed here for best results.
- Pressure is applied in only one direction for all linear movements unless otherwise noted.
- Pressure should not be too light (always maintain contact with the skin) nor too heavy (movements should be smooth and fluid).
- Repeat each motion 36 times to begin with while applying 81 repetitions to troublesome areas.

### **Eyes, Nose, and Teeth 一眼二鼻三牙齒**

#### **Eyes 眼睛**

Place the base joint of each thumb at the inner end of the eye brow (BL-2) and massage in one smooth circular motion moving outward following the upper edge of the orbital bone and then inward following the lower edge of the orbital bone to complete the circle. One revolution should take about two seconds.



**Massaging the Eyes**



### **Rubbing the Base of the Nose with LU-10**

#### ***Nose* 鼻子**

Interlock the fingers of both hands with the thumbs touching at the tips and separated at the base. Clasp the hands in this position so that the base of each thumb (LU-10) is on BL-2. Move the hands downward so that the nose gradually causes the thumb tips to separate and move apart. Continue the downward movement until the tips of the thumbs reach LI-20, then move upward, without pressure, to the original starting position. Each up and down motion should take about one second.

#### ***Teeth* 牙齒**

With the mouth closed click the teeth. This should be performed so that the teeth can be heard clicking but not so hard that there is danger to the teeth. Persons wearing dentures should forgo this section. Click 36 times.

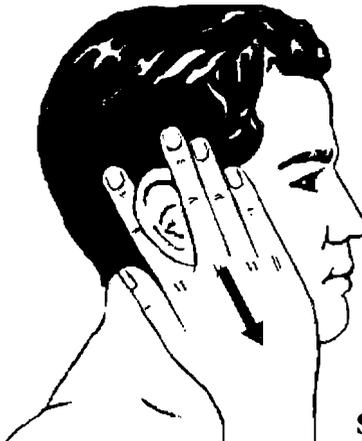
## Ears 耳朵兒歌要順序

1. Place the palms of the hands flat on the ears and massage in a counterclockwise circular motion. Only light pressure is needed here.



**Circular Massage  
of the Ears**

2. Place the hands so that they straddle the ears with the index finger behind the ear and the middle finger along the line formed by GB-2, SI-19, and TB-21. Move downward toward the earlobe where the index and middle finger will almost touch before moving upward (without pressure) to the starting position. Each up and down motion should take about one second.

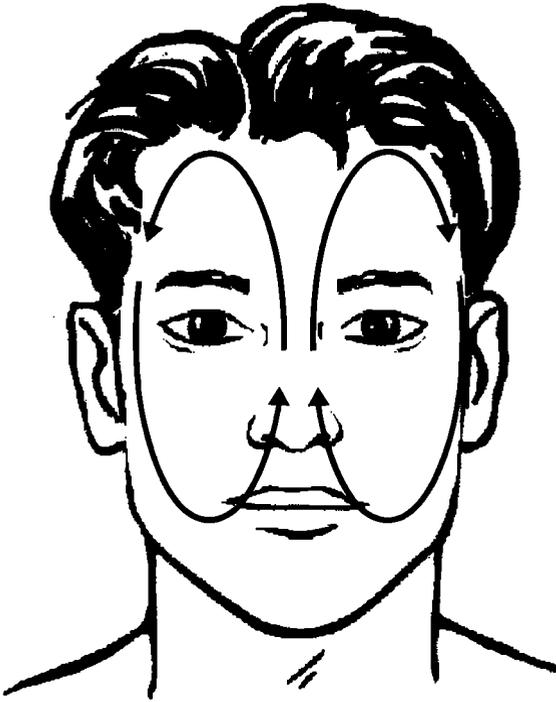


**Index Finger  
Straddling the Ear**

## **Massaging the Entire Face**

### **上下左右揉面部**

Place the palms on the face with the fingers pointing upward and the fingertips placed just below the hairline. Massage in a circular motion with the right hand moving clockwise and the left hand moving counterclockwise. Each hand encircles half the face. One circular motion should take about two seconds.



**Massaging the Face**

## Massage Wind Mansion (GV-16) and Wind Pool (GB-20) in Order

風府風池依此理

### **Wind Mansion (GV-16)**

Use either hand and place three fingers as to cover GV-16 with the middle finger in the center of the depression. Massage in a clockwise circular motion without leaving the point.

### **Wind Pool (GB-20)**

Repeat the same procedure as for Wind Mansion but this time use the right hand on right GB-20 and the left hand on left GB-20. The right hand circles clockwise and the left hand counterclockwise.



**Massaging Wind Pool and Wind Mansion**

## **First Massage the Chest and then the Abdomen 先胸後腹順鐘向**

### ***Left Side of Chest***

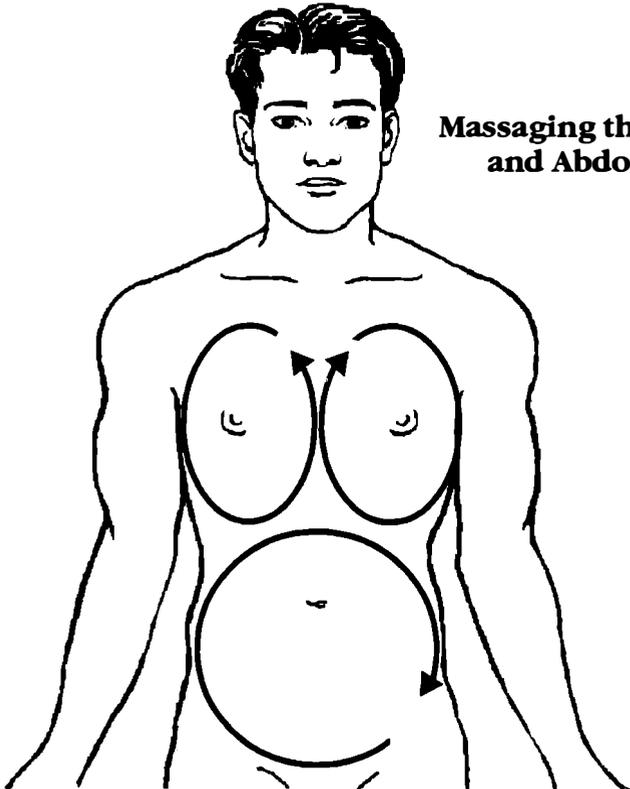
Place the right hand on the left pectoral region and massage in a clockwise manner.

### ***Right Side of Chest***

Place the left hand on the right pectoral region and massage in a counterclockwise manner.

### ***Abdomen***

With the right hand massage the entire abdomen (from the bottom of the rib cage to the top of the pubic bone) in a clockwise direction.



**Massaging the Chest and Abdomen**

## For Best Results Massage the Three Lines of the Back

### 腰背三線效更奇

#### Translator's Note

In this section *rubbing* refers to a single stroke from top to bottom, using moderate pressure, and repeated 36 or 81 times on each line. If a partner is not available to help with this section, simply use a towel to massage the back from top to bottom.

#### ***Governing Vessel***

Rub from the top to the bottom (GV-17 to GV-2), return without applying pressure.

#### ***Left Inner Bladder Line***

Rub from the top to the bottom (BL-11 to BL-26), return without applying pressure.

#### ***Right Inner Bladder Line***

Rub from the top to the bottom (BL-11 to BL-26), return without applying pressure.

## Follow the Yin and Yang Channels on the Arms and Legs

### 手足陰陽依經絡

#### ***Left Arm***

Beginning at the shoulder use the right hand to rub down the inner arm (yin) to the fingertips in one stroke and then upward on the outside (yang) back up to the shoulder on the return stroke. Pressure on both the outgoing and return strokes should be stronger than a caress but not so strong as to cause skin pain. One cycle should take about three seconds.

### ***Right Arm***

Repeat the same procedure as for the left arm using the right hand beginning at the left shoulder.

### ***Left Upper Leg***

Place the left hand on the left hip and massage downward on the outside of the thigh (yang) to the knee in one stroke and then upward along the inside (yin) of the thigh to the starting position on the return stroke. Pressure on the outgoing and return stroke should be stronger than a caress but not be so strong as to cause skin pain. One cycle should take about three seconds.

### ***Left Lower Leg***

Rub downward along the outside of the lower leg from the knee to the toes in one stroke. Then rub upward along the inside of the leg from the toes to the knee on the return stroke. One cycle should take about four seconds.

### ***Right Upper Leg***

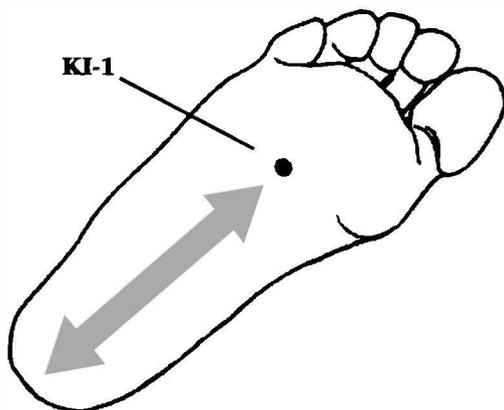
Place the right hand on the right hip and massage downward on the outside of the thigh (yang) to the knee in one stroke and then upward along the inside (yin) of the thigh to the starting position on the return stroke.

### ***Right Lower Leg***

Rub downward along the outside of the lower leg from the knee to the toes in a single stroke. Then rub upward along the inside of the leg from the toes to the knee on the return stroke.

## Quite the Spirit by Frequently Rubbing the Soles with the Palms

交掌安神行勿稀



### Rubbing the Soles of the Feet

#### ***Left Sole***

Start at KI-1 and in a single motion, rub down to the heel with the right palm. Rub back to KI-1, also in a single stroke. Equal pressure is applied to both strokes. Each back-and-forth motion should take about one to two seconds. Since there is little danger of irritating the skin on the soles of the feet, slightly more pressure can be applied here than at other places on the body.

#### ***Right Sole***

Use the left palm to repeat the same procedure on the right sole.

#### *Translator's Note*

This method, also called **Palace of Toil rubbing Gushing Spring**, is discussed further in the Prevention section of this chapter.

## ■ *Moxabustion and Massage Techniques to Prevent Disease*

### **Moxabustion of CV-4 to Prevent Impotence**

*The Great Compendium of Acupuncture and Moxabustion* places CV-4 (Origin Pass) three body inches below the navel. It is the intersection point of the conception vessel with the three yin channels of the foot (spleen, liver and kidney).

This point is an important one for strengthening the body, especially the yang aspect. When men reach the age of fifty their kidney qi begins to decline. After sixty-four years, (the “eight eights” mentioned in the *Inner Cannon*) the kidney qi is further debilitated. This often gives rise to impotence. If one begins regular moxabustion of the Origin Pass (CV-4) at around fifty years of age the chances of suffering impotence are greatly reduced. Furthermore, impotence is well treated with moxa on this point.

#### ***Point Location***

On the center line, halfway between the top of the pubic symphysis and the center of the navel, is the two and a half inch mark. From there, palpate downward about one-half body inch to a slight depression; that is the point.

#### ***Moxabustion Method***

Light the moxabustion pole and then locate the point. Suspend the pole over the point about one-half inch from the skin. Moxa for ten to fifteen minutes. If the area has abundant flesh increase the moxabustion time to twenty or

thirty minutes. Repeat once every two days. If this is done for a long period of time, not only will the yang be strengthened, but also the whole body will benefit.

## Prevention of Colds and Flu by Applying Moxabustion at Wind Gate

BL-12 (Wind Gate) is located on the foot tai yang channel and carries the alternate name of Heat Mansion (熱府). Because the tai yang is the channel of the body's exterior, when a wind evil attacks it enters there. If the gate of the tai yang is secured the wind evil cannot gain access. Patients who are weak and frequently get colds and flu can benefit from moxabustion at BL-12. For patients who are very weak this point should be treated every day, otherwise one time every three days is sufficient. Apply three cones or warm ten minutes with a moxa pole. Treatment should continue for one month to be effective.

### CASE STUDY

**Patient:** *Mrs. Cai*

**Age:** *30*

**Occupation:** *Factory worker*

**Date:** *March 8, 1972*

### *Main Complaint*

For the previous five years Mrs. Cai frequently had colds, often one following another.

### *History*

The patient had suffered colds frequently and had sought treatment from both Western and Chinese medicines. She was frustrated with the repeated illnesses and came to the clinic to get to the root of the problem.

## ***Examination***

Mrs. Cai was thin and weak and her flesh was flaccid. Her tongue was pale with a white fur and her pulse was fine and weak. She reported that her appetite, stools and urine were normal. She presently had a cold with runny nose, aversion to cold and mild sore throat.

## ***Treatment***

Burned three cones of rice-grain sized moxa at BL-12. The moxa was extinguished by pressing the cones against the skin (supplementing method).

Treatment was daily, for one month.

### *Translator's Note*

At the hospital in Xiamen we often substituted ten minutes with a moxa pole for three cones of direct moxa.

## ***Outcome***

After one week the patient's cold was gone. For the rest of the treatment cycle the patient was healthy. The patient returned for checkups after three, six and twelve months and had no return of her pattern of frequent illness. Because of this success many members of Mrs. Cai's family came to our clinic for treatment.

Though this is only one case, I have used this method on over one hundred cases and had similar results.

## **Prevention of Allergic Rhinitis through Wind Pool and Receive Fragrance**

GB-20 (Wind Pool) is on the foot shao yang gallbladder channel where it intersects the yang wei channel. The point is found below the occipital bone in the depression between the sternocleidomastoid and trapezius muscles level with GV-16 (Wind Mansion). LI-20 (Receive Fragrance) is on the hand yang ming large intestine channel and is an

intersection point with the foot yang ming stomach channel. It is located one-half body inch lateral to the midpoint of the ala nasi in the nasolabial groove.

The symptoms of allergic rhinitis, such as itching in the nose and sneezing, are manifestations of the conflict between internal fire (liver/gallbladder) and external wind (lung/large intestine). Chinese medicine sees the nose as the opening of the lungs and considers that itching is owing to fire. Points on the yang ming channels are effective for this disorder because those channels have a plethora of both qi and blood and are most suitable for draining. Points on the large intestine channel (e.g. LI-20) are especially appropriate because the large intestine is in interior-exterior relationship with the lung. The lung opens into the nose and is the first organ to be affected by an external wind. GB-20 is a good point for this condition because it not only treats internal gallbladder fire, but also dispels external wind. In addition, the stimulus of each of these points extends to the nose.

Massaging GB-20 and LI-20 helps the body drain fire and dispel external pathogens and thus can prevent and treat allergic rhinitis.

## ***Massaging Wind Pool and Wind Mansion***

### ***Method***

Locate GB-20 on both sides with the index, middle and ring fingers and massage in a circular motion 18 times (clockwise with the right hand and counter clockwise with the left). One circular motion should take about a second. The fingers do not leave the point. Pressure should be hard enough to stimulate the point, but not so hard as to cause real pain.

Next, place the two hands fingertip to fingertip behind the head and rub the line of the three wind points (left and right GB-20 and GV-16) left and right 18 times. One time is



### Massaging the Three Wind Points

defined as a left and right combination. The range of each motion brings the right fingertips to left GB-20 and the left fingertips to right GB-20. The friction of this massage should be hard enough to warm the back of the neck but not cause skin pain. One back-and-forth motion should take about one second.

### ***Fish Border Rubs Receive Fragrance***

**Fish Border** (LU-10) is located on the thenar eminence, midway along the first metacarpal bone, on the border of the red and white skin and belongs to the lung channel (which opens into the nose). Rubbing that area against **Receive Fragrance** (LI-20) connects the lung and large intestine channels, defends against wind and expels fire.

### ***Method***

Clasp the hands together interlocking the fingers so that the two fish borders face each other. In this position cover the nose so that the **Fish Borders** (LU-10) of each hand contact **Receive Fragrance** (LI-20). Move the hands up and down with the **Fish Borders** rubbing the base of the nose with pressure only on the downward motion. The

entire motion covers from M-HN-3 (**Yin Tang**) to ST-4 (**Earth Granary**). Repeat this up-and-down hand movement 36 times. Each up-and-down motion should take about one second. Enough pressure should be applied to stimulate the points, but not so much as to cause skin pain. After this massage a warm feeling should permeate the area.



### **Rubbing Yin Tang to ST-4 with LU-10**

I was in the U.S.A. in 1988-89 and had at least ten friends inquire about Chinese medicine's approach to allergic rhinitis. They all had had this affliction for several years and it was usually worse when pollen counts were high. I suggested the method I had used in China. All those who followed the regime rigorously had marked improvement.

## **Massaging Ba Liao to Prevent and Treat Hemorrhoids**

I discovered this method through clinical experience. I found that patients with internal or external hemorrhoids or anal fistulas, during episodes of these types of disorders, had red dots around the Ba Liao points. Treatment by needling or picking out the white fleshy strands beneath

the skin at these red spots was highly effective. The treatment relieved pain, staunched bleeding and reduced swelling and inflammation. Thus these red spots are emblematic, indicating that a disorder exists in the area. Since these points are effective for treatment they are good for prevention as well.

### ***Method***

Every morning sit cross-legged on the bed and rub the hands together till they are hot. Rub up and down over the Ba Liao region applying pressure on both the up and down motions. Use slight pressure when rubbing so that hands remain in contact with the skin, but do not cause pain. Rub up and down about one hundred times until the skin feels hot.

It is important to do this every day. Patients who have hemorrhoids should do this to prevent outbreaks.

Those who are having an outbreak should do this to relieve symptoms.

## ***Palace of Toil Rubbing Gushing Spring Quiets the Spirit and Prevents Sleeplessness.***

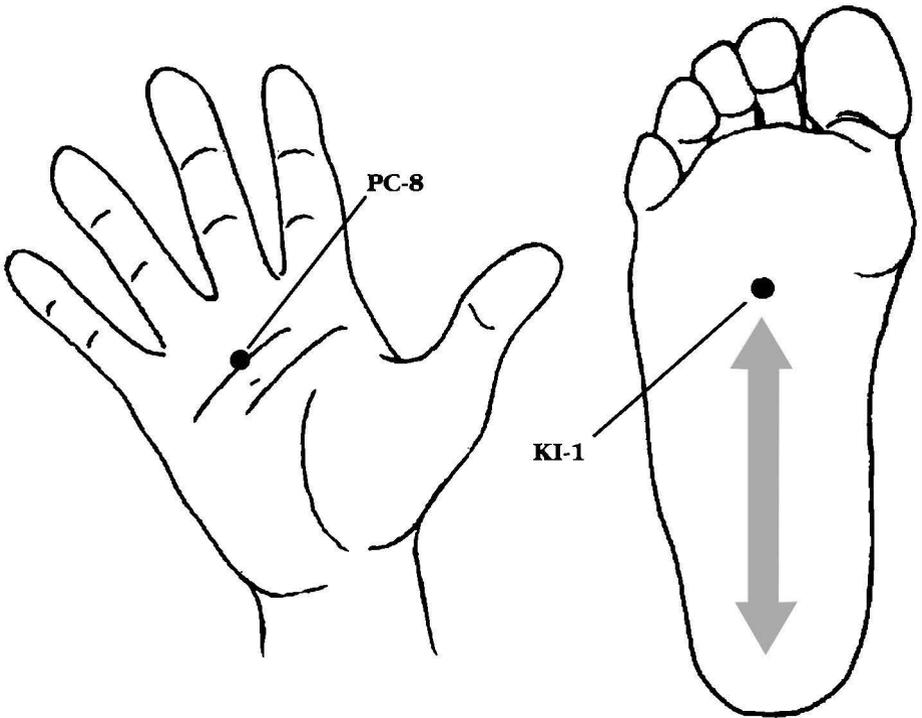
Patients who have difficulty falling asleep can benefit greatly by massaging **Gushing Spring** (KI-1) with **Palace of Toil** (PC-8). If this method is performed on a daily basis, both mild and severe cases, will gradually improve.

PC-8 is located on the horizontal crease of the palm where the tip of the ring finger falls when a tight fist is made. This point is the hand jue yin spring-ying fire point. KI-1 is in the depression in the heart of the sole that is easily located when the leg is stretched, the foot bent, and the toes curled. This point is the foot shao yin well-jing wood point.

### Method

Sitting cross-legged on the floor the patient rubs the right sole with the left palm using slight pressure to rub back and forth eighty-one times (one back-and-forth motion counts as one time). Equal pressure is applied to each direction of the back and forth stroke. The sole and palm should feel warm. Repeat with the opposite foot and hand. After the patient is practiced in this method he can increase to two sets of eighty-one.

Regular application of this technique will bring peaceful sleep. Performing the procedure once again upon rising in the morning brings even better results.



**Massaging KI-1 with PC-8**

## ***Discussion***

This method is effective for insomnia owing to any cause including high blood pressure, liver disorders or lung disease.

PC-8 is the fire point of the fire channel and KI-1 is the wood point of the water channel. While wood and fire brought together would normally engender fire, in this case it does not because KI-1 is a well-jing point (where water springs forth) and further the wood point on the water channel. Moistened wood cannot engender fire. These two points represent the water and fire phases, the body's yin and yang and the upper and lower body. The result of rubbing them together is to connect the upper and lower body, bring fire and water together (connect the heart and kidney) and harmonize yin and yang. With this done, the spirit is quieted and sleep peaceful.

Su Dong-Po, the famous Sung Dynasty poet, is said to have used this technique. Though he led a destitute and difficult existence, he lived a long life. Poet Su's longevity is attributed to his use of this method. As we grow older, rubbing **Gushing Spring** with **Palace of Toil** can help us fall asleep easily, avoid nightmares and sleep like a child.

# 醫案

## *Chapter Five*

# Case Studies

### ■ *Nine Case Studies*

#### **CASE 1 - Profuse Menstrual Bleeding**

**Date:** *August 26, 1968*

**Patient:** *Ms. Wu*

**Age:** *44*

**Occupation:** *Government Worker*

#### ***Main Complaint***

Profuse menstrual bleeding

#### ***History***

The patient presented with a weak constitution. Her period had come three days ago and was marked by incessant, profuse bleeding which lessened when she lay down. She was dizzy and weak and had shortness of breath.

## ***Examination***

Mrs. Wu reported having a poor appetite. She said her menstrual blood was pale. Examination revealed a pale tongue with a thin, white fur and pulses that were deep and fine with a moderate rate.

## ***Treatment***

### **Acupuncture and Moxabustion**

SP-1 and SP-10, supplement both points.

### **Manipulation**

Moxa was applied for 10 minutes with the sparrow-pecking method at SP-1. SP-10 was needled with the three-nines method as follows:

- Supplement nine turns after obtaining qi, then withdraw to heaven level, then return to earth level to get qi and supplement nine turns again.
- Retain the needle and warm by burning moxa on the handle.
- Lastly, before completely withdrawing the needle, once again withdraw to heaven level, insert to earth level and supplement nine turns again.

Treatment was once a day.

### **Herbs**

Pao Jiang (Ginger, Char-fried) 6 grams

Zhi Zi Tan (Gardenia, Char-fried) 10 grams

Jiu Bai Shao (White Peony, wine treated) 12 grams

Wu Mei (Mume) 4.5 grams

Jing Jie Tan (Schizonepeta, Char-fried) 4.5 grams

Zong Lu Tan (Trachycarpi, Char-fried) 6 grams

One pack each day with the pills, Bu Zhong Yi Qi Wan (*Pills to Supplement the Center and Boost Qi*).

### ***Outcome***

After two treatments and two bags of herbs the bleeding stopped and the patient's energy and appetite returned. She was given supplementing herbs to treat the vacuity evident in her constitution.

Mrs. Wu was seen one year later and reported no return of symptoms.

## **CASE 2 - Vaginal Discharge**

**Patient:** *Ms. Zhou*

**Age:** 38

**Date:** *March, 9, 1968*

**Occupation:** *Government Worker*

### ***Main Complaint***

Red vaginal discharge for three months.

### ***History***

Three months ago, at a time when she was under a great deal of stress, the patient felt thirsty and had a bitter taste in her mouth. She drank cooling tea but it didn't help. A few days later she started to have dark, reddish and odorous discharge. She sought treatment at a Western medical hospital and the doctor gave her a douche and oral antibiotics. She took these for several months with no result.

Recently, the dark discharge had increased and was especially odorous, so she came to the acupuncture clinic.

### ***Examination***

Examination revealed a red tongue with a dry, yellow fur. The pulses were deep, thin and wiry, especially on both gate (guan) pulses. The patient's urine was scant and dark.

She said that she had daily bowel movements though the stools were harder than usual. Mrs. Zhou had a poor appetite and torpid food intake.

### ***Diagnosis***

Red (dark) vaginal discharge (赤帶)

### ***Treatment***

#### **Acupuncture**

CV-3, LV-3, SP-6.

#### **Technique**

Drain CV-3 and LV-3 (drain 64 times). First drain and then supplement SP-6 (drain 64 times and supplement 27 times). Retain needles for 15 minutes.

Patient was needled once a day for the first four days. Treatments then shifted to once every other day. Ten treatments comprised one treatment cycle.

#### **Herbs**

- Chai Hu (Bupleurum) 6 grams
- Mian Yin Chen (Capillaris) 10 grams
- Huang Bai (Phellodendron) 6 grams
- Mu Dan Pi (Mutan) 10 grams
- Bai Shao (White Peony) 15 grams
- Che Qian Zi (Plantago Seeds) 10 grams
- Dang Gui (Tangkuei) 5 grams
- E Jiao (Gelatin) 10 grams (mix and drink)
- Xiang Fu (Cyperus) 10 grams
- Hei Dou (Black Soybean) 30 grams
- Hong Zao (Red Jujube) 10 pieces
- Gan Cao (Licorice) 3 grams

Five packs, one bag for two days.

## Outcome

After 10 days the red discharge disappeared. One year later, the patient came for treatment of an unrelated disorder. She reported that there had been no return of vaginal discharge since her treatment.

## Discussion

This patient was depressed and angry about family issues. This caused liver fire to flame and overcome the spleen. Excess worry damages the spleen. This hindered the spleen's ability to transform damp. Damp and heat then collected in the girdling vessel (dai mo) and manifested as dark vaginal discharge. The treatment principle was to clear liver fire, supplement spleen qi and supplement blood (blood vacuity gives rise to fire). CV-3 is the alarm-mu point of bladder channel and intersection-hui point of the conception vessel and the three yin channels of the foot. Applying a draining stimulus here disinhibits water and soothes the liver. The *Ode of the Jade Dragon* states that CV-3 is appropriate for any type of vaginal discharge (赤帶白帶求中極之異同).

LV-3 is the source-yuan point of the liver channel. Draining this point drains liver fire because source-yuan points are especially effective for treatment of the organ to which they are associated. SP-6 was drained to treat liver stagnation and, afterward, supplemented to boost spleen qi.

The herb formula is a variety of Fu Qing Zhu's formula, Qing Gan Zhi Lin Tang. Chai Hu (Bupleurum), Yin Chen (Capillaris), Huang Bai (Phellodendron), and Mu Dan Pi (Mutan) clear heat in the liver and lower burner. Che Qian Zi (Plantago Seeds) and Hei Dou (Black Soybeans) disinhibit water to drain damp-heat. Dang Gui (Tangkuei) and Bai Shao (White Peony) nourish blood. Bai Shao (White Peony) also soothes the liver. E Jiao (Gelatin) nourishes yin and blood and Hong Zao (Red Jujube) supplements the center and harmonizes the formula.

## ■ **CASE 3 - Smoking Cessation**

**Patient:** *Elizabeth (from Poland)*

**Age:** 30

**Date:** *May 2, 1987*

### **Main Complaint**

Desire to quit smoking cigarettes after having smoked for ten years.

### **Diagnosis**

Pulses were moderate and the tongue and tongue fur were normal.

### **Ear Acupuncture**

Lung, Endocrine, Shen Men, Sympathetic

### **Method**

32 gauge 0.5 inch needles were used. Needles were inserted bilaterally just under the skin until strong pain was felt and then each needle was twisted 200 back-and-forth revolutions (approximately one minute). The pain sensation continued as the needles were manipulated. The needles were retained for fifteen minutes stimulating them (as before, 200 revolutions) once after 10 minutes and once again just before they were removed. The points were pressed with the fingers immediately after the needles were removed.

This treatment was repeated once a day for three consecutive days.

### **Outcome**

After three treatments the patient reported having no desire to smoke and, in fact, being repulsed by the idea of smoking.

### ***Comment***

I have used this method with ten people and all successfully quit smoking.

## ■ ***CASE 4 - Chronic Diarrhea***

**Patient:** *Mr. Chen*

**Age:** *32*

**Occupation:** *Blue collar worker*

### ***Main Complaint***

Loose stools three to five times a day for more than three years.

### ***History***

At the outset of the disorder the patient figured that his digestive problems were a result of his poor eating habits and he didn't pay much attention to his frequent and loose stools. When he did seek treatment, he went to a Western medical hospital where he was diagnosed as having colitis. Internal Western drugs and enemas were given to no avail so Mr. Chen tried herbal treatment. When his troubles continued the patient sought care at the acupuncture department.

### ***Examination***

Though pain was evident when pressure was applied to the lower abdomen, the patient reported that nonetheless, palpation felt good. There was no drum sound when the abdomen was tapped. The patient reported a poor appetite and stated that his urination was normal. His face was pale and he displayed a lethargic manner. His pulse was deep, fine and slow and his tongue was pale with a white fur that had a slightly yellow tinge.

## ***Treatment***

### **Group I**

ST-25, CV-6, ST-36, SP-6, A-shi points on the abdomen.

### **Group II**

CV-8 (moxa on salt), SP-15, CV-4, ST-34, A-shi points on the abdomen.

### **Technique**

The points were drained six sixes then supplemented two nines. The needles were not removed immediately but instead, moxa was burned on the head of the needles or the needles were warmed with a moxa pole for fifteen minutes. The needles were given a supplementing stimulus one last time before they were removed. One treatment cycle consisted of 10 treatments. The patient was treated on alternate days.

## ***Outcome***

After the first treatment cycle the patient was having only two bowel movements a day and the stools were more firm than previously. His appetite improved. By the end of the second treatment cycle the patient recovered. He was having daily stools that were of normal consistency and had gained over ten pounds. A third treatment cycle was given to secure the results. By the end of that time his face had a healthy red hue and his energy was good. The patient returned for a checkup six months later and had had no relapse.

## ***Discussion***

Chronic diarrhea is an extremely stubborn disorder that usually must be treated for an extended period of time. Not only must we expel the pathogen, but also we need to harmonize the stomach and intestines.

ST-25 is the alarm-mu point of the large intestines and a major point for treating diarrhea. According to the *Priceless Prescriptions* chronic diarrhea can be treated with 500

cones of moxa at this point. CV-6 harmonizes and supplements the qi of the stomach and intestines. The presence of A-shi points indicates stagnation of the pathogen. Needling and moxabustion at these points disperses the pathogen. ST-36 and SP-6 are the two most important points for treating the spleen and stomach. Treating them also harmonizes the entire body.

CV-8 is the root of the five viscera and twelve channels. Moxa at that point supports the whole body. SP-15 boosts the function of ST-25. CV-4 is the alarm-mu point of the small intestine and also is a point that strengthens the whole body. ST-34 is the cleft-xi point of the stomach channel and is thus ideal for dispersing stagnant qi in the yang ming channels.

The two groups of points all work together to form a powerful treatment for chronic diarrhea. I have used this protocol to treat many cases and the great majority of them responded very well.

## ■ ***CASE 5 -Impotence***

**Patient:** *Mr. Huang*

**Age:** *40*

**Occupation:** *Government official*

### ***Main Complaint***

Impotence for more than one year.

### ***History***

For over one year prior to his visit Mr. Huang had had problems with erection. The condition began with inability to maintain erection and worsened in the last six months to complete inability to achieve erection. He had undergone hormone injections and oral hormone therapy with no

improvement. Because Mr. Huang suffered from chronic hepatitis he could not take yang supplementing herbs, therefore he came to the acupuncture clinic for treatment.

### ***Examination***

The patient appeared thin and weak. His tongue was pale and carried a white fur. The pulse was deep, fine and had no strength. The cubit (kidney) pulse was especially weak. The patient expressed a fear of wind and cold. In the winter he wore twice as many clothes as those around him.

### ***Diagnosis***

Kidney vacuity impotence.

### ***Treatment***

#### **Group I**

CV-3, KI-11 (one body inch lateral to CV-2), SP-6.

#### **Group II**

CV-2, KI-12 (one body inch lateral to CV-3), KI-3.

Treatment alternated between the two groups of points. The patient was treated daily.

#### **Needle Manipulation**

All points were supplemented eighty one times (nine nines).

### ***Outcome***

After 5 days the patient could achieve erection but could not maintain it. After ten more treatments the patient's sexual function returned to normal. The patient was instructed to burn three cones of moxa on CV-4 regularly for the rest of his life. Two years later I visited this patient and found that his sexual life was still normal. Even twenty-five years later when I encountered him he said that all was still well.

## ***Discussion***

This patient had a history of chronic hepatitis so his constitution was vacuous. His slow, deep pulse and aversion to cold and wind demonstrated that this was a case of yang vacuity impotence. KI-11 and KI-12 are kidney points that are in the region of the affliction. It is important that the qi sensation for these two points extends to the testicles. CV-3 and CV-2 are local points on the conception vessel that, when supplemented strongly, should send a qi sensation to the head of the penis. SP-6 and KI-3 are included in this point prescription to address the patient's long standing hepatitis which had weakened his liver and spleen. SP-6 supplements the spleen and liver, and KI-3 enriches water to moisten wood. When manipulating the local points in this type of disorder, note that as you move the thumb forward the motion of the fingers must be firm and deliberate so that the power of the fingers sinks downward and the needle sensation gradually and continuously extends to the genitals.

## ■ ***CASE 6 - Incontinence***

**Patient:** *Mr. Lin*

**Age:** *13*

**Occupation:** *Student*

**Main Complaint**

Enuresis

### ***History***

For the last eight years the patient had wet his bed two or three times a night. He had undergone many types of therapy, all with no result.

### ***Examination***

The patient's face was pale and lusterless and his speaking voice was weak. He was a thin boy who did not display the enthusiasm and vitality one expects of a teenager. His

tongue was pale with a white fur and his pulse was deep and fine. The kidney pulses on both wrists were especially weak. The patient reported that his urine was copious and clear. He had a poor appetite and he intensely disliked cold weather.

### ***Diagnosis***

Nighttime incontinence owing to vacuity of spleen and kidney qi.

### ***Treatment***

CV-12, CV-6, CV-4, LI-4, ST-36, SP-6.

### ***Technique***

Supplement 81 times (three sets of 27 turns each). Needles were not retained. Three cones of moxa were applied to CV-4 and CV-6. Treatments were three times per week.

### ***Outcome***

After six treatments the patient no longer urinated during the night. Ten more treatments were performed. At return visits three and six months later the patient reported no return of the disorder.

### ***Discussion***

This patient was thin and had a poor appetite. This is characteristic of spleen vacuity. The essence of the food he ate was not enough to nourish his body. CV-12 and SP-6 were chosen to fortify the spleen.

*The Nine Needle Theory* states, "Incontinence is owing to the failure of the bladder to constrain." *The Symptoms and Causes of Disease* claims, "Incontinence is caused by the inability of the bladder, owing to vacuity cold, to constrain water." This patient's weak voice indicated qi vacuity and his aversion to cold were indicative of yang vacuity. CV-6 and CV-4 were chosen to invigorate the original yang and warm the kidney and bladder.

The *Supplement to the Golden Coffer* states, "The kidney connects upward to the lung. If the lung is lacking strength, kidney water cannot be contained." The lung rules qi and downbears water to the bladder. If the lung is vacuous it cannot transform qi. We chose the source point of the lung channel's yang counterpart, the large intestine channel (LI-4), to strengthen the lung and help the bladder to contain water.

SP-6 is an intersection point of the liver, spleen and kidney channels. Supplementing this point supplements both the kidney and spleen. CV-4 and SP-6 are points that are especially effective for the treatment of incontinence.

## ■ **CASE 7 - Sleep Walking**

**Patient:** *Ms. Zhao*

**Age:** *11*

**Occupation:** *Student*

**Date:** *March 12, 1968*

### ***Main Complaint***

Ms. Zhao had been walking and talking in her sleep.

### ***History***

According to the patient's mother, for the past three months the child would rise during the night begin to scream and then open the door and go outside. At these times the child could not be wakened and if one attempted to hold her she would struggle. She would continue this behavior for one to two hours before returning to peaceful sleep. The following day the patient would be exhausted.

### ***Examination***

The patient's mother could remember no history of psychological problems in the family. Ms. Zhao's pulse was fine and wiry; her tongue had a red tip and had a yellow fur. The patient had a poor appetite.

## ***Diagnosis***

A wiry and fine pulse in combination with a red tongue tip indicate heart fire. Heart fire had disturbed the spirit and given rise to this sleep disorder.

## ***Treatment***

GV-26, LI-4, LV-3, and HT-7. The patient was treated two times per day for one week.

### **Needle manipulation**

All points were drained 18 times. The needles were retained for ten minutes and again a draining stimulation was applied before the needles were removed.

## ***Outcome***

After five treatments the patient's mother reported that the symptoms had ceased. We saw the patient several times during the following two years and she reported no recurrence.

## ***Discussion***

GV-26 opens the orifices and arouses the spirit. LI-4 and LV-3 needled in combination are called the four gates. The four gates are excellent points to use to settle and quiet the spirit. HT-7 is the source-yuan point of the fire channel and thus belongs to earth. Draining this point drains heart fire and is an example of draining the child to drain the mother.

## ■ ***CASE 8 - Insomnia***

**Patient:** *Mr. Zhang*

**Age:** *32*

**Occupation:** *Government worker*

**Date:** *March 18, 1961*

## ***Main Complaint***

Insomnia for four months.

## ***History***

Four months ago, for no apparent reason, the patient suddenly began to have insomnia. After two months, because the condition was so intense and conventional therapy was unsuccessful, Mr. Zhang was admitted to the hospital. After a short time he was placed in the psychiatric ward and diagnosed as having primary insomnia. Two months in the hospital provided no relief. The patient was discharged and came to our clinic for treatment.

## ***Examination***

The patient's eyes and face were red and his lips were dry. He spoke slowly and seemed very disturbed. His tongue was red and had a dry, yellow fur. The patient's pulse was wiry and strong. Mr. Zhang reported having constipation and said that his urine was dark and odorous. He had little appetite.

## ***Diagnosis***

Liver and heart fire giving rise to insomnia.

## ***Treatment***

Yin Tang was bled. Squeeze blood from the point until the initial dark-purple color becomes red, usually seven to fourteen drops.

HT-7, PC-6, SP-6, and LI-3.

## ***Technique***

The points were first drained six sixes (36), then supplemented nine nines (81).

## ***Herbs***

Fu Shen (Poria fushen) 10 grams

Fu Ling (Poria) 10 grams

Suan Zao Ren (Ziziphi seeds) 12 grams  
Yuan Zhi (Polygala) 10 grams  
Han Shui Shi (Glauberite) 10 grams  
Bai Zhu (Atractylodes alba) 10 grams  
Shan Yao (Dioscorea) 10 grams  
Dang Shen (Codonopsis) 6 grams  
Zhi Gan Cao (Prepared Licorice) 3 grams

### **Outcome**

After six treatments the patient had no further symptoms. I have seen Mr. Zhang many times in the more than 20 years since then, and he has had no reoccurrence.

## ■ **CASE 9 - Hypertension**

**Patient:** *Mr. Peng*

**Age:** *50*

**Occupation:** *Engineer*

**Date:** *March 18, 1982*

### **Main Complaint**

Headache and dizziness for the last six months.

### **History**

Prior to onset of this disorder the patient was very healthy. Six months ago he began to have headaches and dizziness. The headaches and dizziness varied in intensity. They were having a negative impact on the patient's work. Accompanying symptoms included insomnia, rapid heart beat and irritability. When the headaches first began Mr. Peng went to see a Western doctor and was diagnosed as having hypertension. He was put on medication to lower his blood pressure. Nonetheless, his blood pressure did not stabilize and went as high as 180/100. In addition, the anti-hypertension medication had decreased his appetite and

produced dull pain in his stomach. He came to the acupuncture clinic to find out if he could get off his medication.

### ***Examination***

The patient's face and lips were dry and red. His tongue was red with a dry, yellow fur. Blood vessels protruded at the tai yang region on both temples. All the patient's pulses were large, wiry and strong.

### ***Diagnosis***

Ascendant hyperactivity of liver yang.

### ***Treatment***

LI-11, LI-4, PC-6, LV-3 >> KI-1

### ***Technique***

- The points were drained six sixes with medium strength.
- Plum blossom needle was applied at BL-12 and the point was then cupped.
- The spine was tapped two times with a plum blossom needle from GV-14 to GV-2 until the skin was slightly red.
- Three rice-grain sized cones of moxa were burned on ST-36. They were extinguish by the draining method.

### ***Translator's Note***

*Blowing on moxa is considered a method of draining and extinguishing the cone by pressing it against the skin is thought to be a supplementing stimulus.*

A treatment cycle consisted of ten treatments at three treatments per week..

## **Outcome**

The patient continued to take antihypertensive medication during the course of treatment. After one week Mr. Peng's blood pressure began to drop. After one month his blood pressure was in the normal range (140-130/82-80) and his headaches and dizziness had ceased. After three months of treatment the patient stopped taking medication and his blood pressure did not rise. At a checkup six months later the patient's blood pressure was still in the normal range and he had no return of symptoms.

## ■ **Acupuncture Research**

### **New Acupuncture Treatment of Post-Stroke Hemiplegia**

Hemiplegia is a commonly seen sequel to stroke. When the acute symptoms of stroke have been treated, what often remains is partial or complete loss of the use of one half of the body.

At our clinic in the Xiamen Chinese Medicine Hospital we have developed a technique for treating this disorder. Below is an analysis of the results of seven cases that were all successfully treated.

The seven patients had all undergone treatment and diagnosis by Western and Chinese medicine and were categorized as follows:

Three cases were owing to intracerebral hemorrhage, three to cerebral thrombosis and one to a cerebral embolism.

The patients ranged in age from twenty-five to seventy-six years; three were men and four women.

#### **Point Prescription**

The following points were divided into three groups. Treatment then alternated between the three groups.

- Face: ST-6, ST-4, Qian Zheng (A non-channel point located one finger width medial from the point where the bottom of the earlobe attaches to the jaw.), LI-19.
- Upper Extremities: LI-14, LI-15, GB-22, LI-11, LI-10, TB-5, SI-7, SI-6, LI-4, TB-3, SI-3.
- Lower Extremities: GB-30, GB-31, ST-31, ST-33, GB-34, ST-36, ST-40, GB-39, GB-42, ST-44.

### **Needle Manipulation:**

Where possible, connect points on the three yang channels of the upper and lower extremities to their yin counterparts. For example, connect TB-5 to PC-6 and GB-34 to SP-9. After connecting to the yin channel, pull the needle almost to the surface and needle parallel along the channel but counter to the direction of flow in the channel. Thrust, pull and twist the needle moderately and repeat the procedure in the other direction (i.e. following the flow of the channel). The needle should extend along the channel one to three inches depending on the point (more is better).

### *Translator's Note*

A detailed description of this needling method, named tri-directional joining technique, can be found in the chapter on needle manipulation.

### **Treatment Protocol**

One course of treatment consists of ten daily treatments. If success is not obtained from one course, wait seven days and repeat. The second treatment cycle can be ten treatments with one every day or every other day.

### **Results**

In the seven cases discussed here one patient recovered in five treatments, one in ten, two in fifteen and one each after thirty, forty and sixty treatments.

## ***Case Study***

**Patient:** *Mrs. Wang*

**Age:** 65

### ***History***

On April 7, 1971 Mrs. Wang suddenly got a severe headache, vomited, lost her ability to speak and lapsed into unconsciousness. She was examined by a Western medical doctor and had blood pressure of 192/107 and a body temperature of 37.8° C. She was diagnosed as having had a cerebral hemorrhage.

The patient was treated with both Western medicine (Reserpine and Rutoside) and Traditional Chinese medicine (San Hua Tang and An Gong Niu Huang Wan). During the next three days she gradually regained consciousness, but she didn't recover use of the right side of her body. Her right fist was clenched tight. Her right foot was extended and she was unable to move it.

### ***Outcome***

After thirty treatments using the new acupuncture treatment described above the function of both of the patient's hands and legs returned to normal. She was last seen in 1974 and was still in good health.

### **Treatment of post-stroke hemiplegia — Conclusion**

I have treated many cases of post-stroke hemiplegia and found it to be a stubborn condition. My experience has led me to believe that the tri-directional joining needle method is decidedly more effective than traditional needling techniques for treatment of this disorder.

## Treatment of Rheumatoid Arthritis with Acupuncture and Moxabustion — 525 Cases

Wind-damp bi is a pattern caused by wind, damp, cold and heat entering into the body where, owing to vacuity of qi and blood, the body's defense is weakened and unable to prevent these factors from congealing into bi. Clinically, this pattern displays as shifting locations of swelling, rubor and intense pain.

The majority of the population involved in this study suffered primarily from wind and damp pathogens. In addition to receiving acupuncture and moxabustion the patients also were given Chinese herbs (for internal or external use) where appropriate.

### *Treatment*

#### **Main points**

##### *Shoulder*

LI-15, Qian Yu Jian (**Forward Shoulder Bone**, located on the large intestine channel one body inch distal to LI-15), SI-9.

##### *Elbow*

LI-11 >> HT-3, LI-10.

##### *Wrist*

LI-5, TB-4, SI-5.

##### *Upper Leg*

ST-31, Xin Jian (Midway between the anterior superior iliac spine and the femoral crease; in the tensor muscle of the fascia lata), GB-30.

*Knee*

Inner and Outer Eyes of the Knee (ST-35 and inner eye of the knee M-LE-16), SP-9 >> GB-34, ST-36.

*Ankle*

GB-40, BL-60, LI-4.

**Assistant points**

She Tou Xue (**Snake Head Point**, one body inch below LI-8), GB-31, SP-10.

**Needle manipulation**

The points were first supplemented and then drained.

**Course of Treatment**

Ten treatments, one every other day, comprised one course of treatment.

*Results after one to three courses of treatment*

Complete recovery 312 cases	59.4%
Substantial improvement 95 cases	18.1%
Improvement 68 cases	13.0%
No change 50 cases	9.5%

**Complete recovery** is defined as six pain-free months.

**Substantial improvement** is defined as virtual disappearance of symptoms that reoccur occasionally especially during weather changes and severe weather.

**Improvement** is defined as noticeable reduction in symptoms but the patient still often has pain.

**No change** implies little or no change in symptoms.

***Special Needle Techniques***

Treatment of bi pattern calls for the use of deep needle, joining method and warmed needle.

## Deep needle

Deep needle refers to deep penetration into the sight of the bi. Since bi is chronic and settles deep in the joints we must needle deeply and get a strong response. Care must be taken not to puncture large vessels and cause internal bleeding.

## Joining method

Joining method refers to joining two points with a single needle. This method promotes free movement and thus relieves pain. Since bi pattern is a stubborn disorder characterized by stagnation and pain, the joining method is especially appropriate. As the classics say, (通則不痛) *[where there is] free flow there is no pain.*

### To join two points on opposite sides of an arm or leg

- Obtain qi at the first point and supplement or drain as needed.
- Slowly push the needle to the second point, obtain qi and supplement or drain as needed. Place your finger on the surface of the second point so you can feel the needle approaching and avoid breaking the skin.

### If the two points are on the same surface (e.g., LI-15 >> LI-14)

- Obtain qi at the first point and perform a supplementing or draining manipulation as needed.
- Withdraw the needle to just below the surface and then direct the needle toward the second point. Place your finger on the surface of the path of the needle so you can feel the needle approaching and avoid breaking the skin.
- Obtain qi at the second point and drain or supplement as needed.

**Warmed needle**

A crosscut section of a moxa pole is lanced through the center, placed on the head of an inserted needle and lit. It is best to light the face of the moxa that is nearest the body. Heat dissipates cold and steams damp, thus this method is effective for the cold and damp that distinguish bi patterns.

**Translator's Note**

For safety, before putting moxa on the needle, cut a small hole in a thin piece of cardboard, place the cardboard down over the needle so the cardboard lies next to the skin with the needle fitting through the hole.

***Case Study***

**Patient:** *Mr. Wu*

**Age:** 37

***History***

Mr. Wu reported a nineteen year history of pain in his right hip and knee. He had been in hospitals and taken both Western and Chinese medicines. His condition had gradually worsened to the point where he now could walk only with a walker and spent most of his time in bed where even turning over was a chore. His right thigh was 5 centimeters less in circumference than his left. The Western medical diagnosis was rheumatoid arthritis and the Chinese medical diagnosis was bone bi.

***Treatment***

BL-11, bilaterally. These points on the affected side: A-shi points, GB-30, GB-34 and GB-39.

***Needle Technique***

Draining followed by supplementation; A-shi points and GB-30 were treated with warmed needle.

## ***Outcome***

After four treatments Mr. Wu gave up his walker and relied only on his cane. After 61 days he could walk without a cane. Mr. Wu had suffered this disorder for nineteen years and had actively sought treatment for three years. Only after acupuncture could he walk the five miles that separated his house and his work place.

For seven years after treatment Mr. Wu came for yearly checkups and had no remission.



# Index of Disorders

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