

The Six Divisions: A Practical Needling Strategy for Pain and Blockage

A unique needle strategy called six division treatment is a rapid and powerful needling style specifically suited to the treatment of acute painful disorders. The six divisions tend to be remembered more as a philosophical explanation for the penetration of a cold or wind-cold pathogen into the body and how its clinical manifestations change as it lodges itself in different energetic layers.¹ Likewise, it has been used to explain the psychological and physical constitutional types that also correspond to these paired divisions.²

In this related diagnostic and needling strategy, the use of two acupuncture points to treat acute internal, mental or musculoskeletal conditions is employed. The points consist of the *xi-cleft* points of the meridians paired according to the six division paradigm. As we recall, *xi-cleft* points reflect accumulation or blockage in the organ-meridian complex. In the six division framework, a meridian in the upper part of the body is paired with one in the lower part. The theoretical justification of this is, as the Chinese say, "As above, so below." This world view maintains that energetically, the coupled meridians work harmoniously together as a microcosmic circuit to regulate energy in the body.

The concept of combining the *xi-cleft* points of the paired meridians for blockage, and one of its most common manifestations of pain, is simple in design and execution. Before performing the technique, the practitioner needs to select the appropriate division to use. This is done by differentiating the patient's symptoms according to the major divisions involved and then correspondingly utilizing the paired meridian.

For instance, acute menstrual cramps can be connected with the liver channel of foot *jueyin*, because the liver stores the blood and infuses the uterus. Its coupled meridian is the pericardium meridian of hand *jueyin*. As we know, the pericardium is a primary meridian involved in blood regulation and perfusing the lower abdominal, so using it makes sense.

Using these two points, needle unilaterally with a vigorous dispersion technique that corresponds to the treatment plan of dispersing accumulation. Insert needles according to the standard angles and depths of insertion using your preferred dispersion technique. I favor fast rotation of the needle in a counterclockwise direction. Because a strong *de qi* sensation is used, prepare the patient for the strength of the stimulus you are about to use, but likewise tell the patient this is the technique you need to employ to bring about the desired therapeutic effect in a short amount of time. Only unilateral needling is necessary because of the vigorous stimulation employed. While there are various theoretical justifications for which side of the body to needle, I tend to select the side that corresponds to most of the major pulse systems. For instance, the liver is unequivocally felt on the left pulse, so the left Liver 6 (*xi-cleft* point) is selected. The pericardium is correspondingly felt on the left pulse as well, so left Pericardium 4 (*xi-cleft* point) is chosen.

If the pain of blockage has a musculoskeletal component, such as a sore low back, shoulder, neck, etc., have the patient mobilize the affected area while the needles are in to enhance the

therapeutic results. Needles may be retained for 20 minutes or simply inserted; strong *qi* is obtained and dispersed; and the needles are then removed for patient convenience.

Table I lists the six divisions; their corresponding *xi-cleft* points; angles and depths of insertion; which side of the body to needle; and some common disorders that can be used with this technique. This list is not intended to be exhaustive, only illustrative of some pain or accumulative conditions.

Table I: Six Division needling strategy.		
Six Division Level	<i>Xi-cleft</i> points, side of body to needle, and needling method. L = left; R = right	Common Clinical Manifestations
<i>Taiyang</i>	SI6L (<i>yang lao</i>) - perpendicularly 0.3-0.5 in. BL63L (<i>jin men</i>) - perpendicularly 0.3-0.5 in.	Acute lumbago; declining eyesight; early symptoms of flu; occipital headache; body aches; infantile convulsion and tetany; opisthotonus; stiffness in the nape and spinal column; motor impairment of lower extremities; ankle pain; aching of shoulder, back, elbow and arm
<i>Shaoyang</i>	TE7R (<i>hui zong</i>) - perpendicularly 0.5-1.0 in. GB36L (<i>wai qiu</i>) - perpendicularly 0.5-0.8 in.	Any acute pain or blockage; anger; rage; deafness; pain in the neck, chest, or hypochondriac region
<i>Yangming</i>	LI7R (<i>wen liu</i>) - perpendicularly 0.5-0.8 in. ST34R (<i>liang qiu</i>) - perpendicularly 0.5-1.0 in.	Mastitis; stomach cramps; food stagnation; <i>yangming</i> (food headaches) sinusitis; toothache; migraines; sore throat; abdominal pain; aching of shoulder and arm; gastric pain; pain and swelling of the knee; motor impairment of lower extremities
<i>Taiyin</i>	LU6R (<i>kong zui</i>) - perpendicularly 0.5-0.7 in. SP6L (<i>di ji</i>) - perpendicularly 0.3-0.5 in.	Acute menstrual problems (dysmenorrhea) or those due to <i>qi</i> and blood stagnation; uterine hemorrhage; bleeding anywhere; menstrual problems due to blood deficiency; pain and motor impairment of the elbow and arm; sore throat; abdominal distention; edema; dysuria
<i>Shaoyin</i>	HT6L (<i>yin xi</i>) - perpendicularly 0.3-0.5 in. KI5L or R (<i>shi quan</i>) - perpendicularly 0.4 in.	Hysteria; angina; tightness in the chest; cardiac pain; dysmenorrhea; dysuria
<i>Jueyin</i>	PC4L (<i>xi men</i>) - perpendicularly 0.5-0.8 in. LR6L (<i>zhong du</i>) - 0.3-0.5 in. horizontally, in direction of meridian (upward)	Acute liver problems; menstrual problems; prostatitis; conjunctivitis; any inflammation designated by an illness ending in "-itis"; hernia; pain in the joints of the lower extremities; cardiac pain; angina; mastitis

The six divisions is an ancient Chinese treatment strategy used in contemporary China that gives remarkable and enduring results. Try it the next time you are treating pain and the multiple manifestations of blockage.

References

1. Hsu HY. *Shang Han Lun*. Los Angeles: Oriental Healing Arts Institute, 1981.
2. Requena Y. *Terrains and Pathology*, volume 1. Brookline, MA: Paradigm, 1986.

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