

Practical Threading Therapy

Through-and-through collective loci treatment, commonly known as threading, is a simple procedure whereby acupuncture points are joined together with one needle, or a point that has a relatively large size can be stimulated through the angle of insertion of the needle. Depending on the points to be threaded, they are either needled subcutaneously (i.e. horizontally along the skin), or perpendicularly through the point.

Threading is a part of the treatment skills practiced by doctors in China. The Chinese translation of the technique is "one needle for two points." This procedure can be applied to a broad number of points. Originally, the purpose of many Chinese threading techniques was to treat difficult and chronic conditions by connecting effective groupings of nearby points together to stimulate the affected area or energetics of those points.

The most comprehensive exposure I have had to this method of treatment is in the now out-of-print book, *Through-and-Through Collective Loci Acupuncture*.¹ Readers are encouraged to consult this and other books on threading if this method is of interest and the books can be located. This article will emphasize subcutaneous needle insertion of the points I frequently thread in clinical practice. My choice of points to thread, although not extensive, is not complicated or difficult to execute, but can be quite useful when these clinical situations are encountered. The purpose of my adapted techniques is as follows:

1. It reduces the number of needles required for treatment, which can be a desirable treatment strategy for many reasons, such as treating needle-sensitive patients or needing to limit the number of needles in the treatment in consideration of the other points chosen for treatment.
2. As a subcutaneous technique, it can reduce the needle stimulus and make treatment easier for the patient to tolerate.
3. It efficiently accomplishes the therapeutic aim of treatment.
4. The points selected to treat are safe to use and pose virtually no hazard to needle.

Although there are many possible points that lend themselves to threading, in the 20 years I have been practicing, I have chosen threading therapy repeatedly for a select number of points with good success. These are presented below as possible options for clinicians.

With this unique style of needling, there are some general precautions that should be followed.

1. Inform the patient that you will be connecting nearby points by needling very shallowly. This technique, at least with the points selected here, is painless. As a reference point, let the patient know that no *qi* is elicited, perhaps in contrast to other treatments they may have received in the past.
2. Instruct the patient not to move the portions of the body that are needled. As always, position the patient in a comfortable position to avoid bending or breaking the needle.
3. Be knowledgeable of anatomy for the purposes of needling.
4. Always needle slowly. Withdraw the needle or change the direction of the needle if you encounter any resistance.
5. After needle withdrawal, press the area treated with a clean cotton ball to prevent bruising.

Common Points to Thread

1. LI 20 (*Yinxiang*) to *Bitong*

Application: LI 20 can be threaded to the extra point *bitong* for the treatment of sinusitis and allergic rhinitis, with concomitant symptoms of nasal congestion or runny nose, facial itchiness and swelling.

Location: LI 20 - in the nasolabial groove, at the level of the mid-point of the *ala nasi*. *Bitong* - at the end of the nasolabial groove, superior to LI 20.

Method: With a #1 gauge, 30 mm Seirin needle, thread the points by puncturing LI 20 subcutaneously toward *bitong*. Connect the points transversely. Needle slowly, shallowly, and with control as you approach *bitong* in the infraorbital area, threading the needle about three quarters of an inch. Do not obtain *qi* nor tonify or disperse; just connect the points.

If the patient has a deep groove in this area, intradermal needles may be chosen in place of needles. Select several #6 mm Seirin intradermal needles and position them back-to-back from LI 20 to *bitong*. Use splinter tweezers or forceps to insert the needles. Have the patient close his or her eyes in case you lose control of the minute needles that might accidentally fly toward the patient's eyes.

In either case of using intradermal needles or the regular acupuncture needle, treat bilaterally. Retain the needles for 10 minutes. Remove the intradermals with tweezers or forceps. Pull out all of the needles slowly, and press the skin with a clean cotton ball.

2. KI 6 (*Zhaohai*) - Alternate Location

Application: Use KI 6 for all of the common indications of KI 6 as the point of greatest yin of the body. It is indicated for laryngitis; pharyngitis; chronic sore throat; night sweats; hot flashes; diabetes; amenorrhea; declining vision in the aged; insomnia; neurasthenia; itching; and other symptoms of kidney deficiency, especially of yin.

Location: The alternate Chinese location of KI 6 (*zhaohai*), commonly referred to as the Japanese location, is the point to be threaded. It is found one *cun* below the medial malleolous, at the junction of the red and the white skin.

Method: Puncture the point with a #1 gauge, 30 mm Seirin needle, 0.1 to 0.3 *cun* posteriorly and subcutaneously toward the ankle. Do not obtain *qi*. The angle of insertion is considered a tonification technique as the point is needled in the direction of the meridian. Treat bilaterally. Retain the needle for 10 minutes.

If preferred, one 3 mm intradermal needle may be inserted during treatment in place of the regular acupuncture needle. Insert and withdraw in the same manner as described under the discussion of LI 20.

3. BL 2 (*Zhanzu*) to *Yuyue*

Application: Pain in the supraorbital region; redness; swelling and pain of the eyes; sinus or frontal headache; blurry vision; sinusitis; acute conjunctivitis; and allergy symptoms.

Location: BL 2 - on the medial extremity of the eyebrow, in the supraorbital notch. *Yuyue* - in the middle of the eyebrow; when one is looking straight ahead, the point is directly above the pupil.

Method: Insert a #1 gauge, 30 mm needle and thread shallowly through the eyebrow area to BL 2. Do not obtain *qi*, tonify or disperse. Treat bilaterally. Retain the needle for 10 minutes.

4. KI 27 (*Shufu*) to ST 13 (*Quepen*)

Application: This is an interesting treatment technique to activate the functions of these two powerful points. I use them frequently in this way to strengthen immunity and treat prolapses (viewed as weak connective tissue due to weakened immunity). They can be selected to treat cough, asthma, chest pain and bronchitis.

Location: KI 27 - in the depression on the lower border of the clavicle, two *cun* lateral to the Ren channel. ST 13 - at the lower border of the middle of the clavicle on the mamillary line, four *cun* lateral to the Ren channel.

Method: With a #1 gauge, 40 mm Seirin needle, puncture the skin at KI 27 and slowly thread the needle subcutaneously towards ST 13. The needle will contact the ST 13 "area." Keep the needle horizontally in the skin tissue due to the proximity of the lungs. Do not obtain *qi* or tonify or disperse. Simply connect the points as you thread the needle about an inch. Needle towards the lateral aspect of the body. Retain the needle 10 minutes. Due to its length, withdraw the needle slowly.

5. HT 7 (*Shenmen*) - Alternate Location

Application: For anxiety; nervousness; constipation due to nervousness; palpitations; cardiac pain; irritability; mental disorders; hysteria; insomnia; pain in the hypochondriac region; dream-disturbed sleep; and depression.

Location: HT 7 alternate location - at the transverse crease of the wrist on the ulnar side of the tendon in the articular regions of the pisiform and ulnar bones.

Method: Insert a #1 gauge, 30 mm Seirin needle 0.2-0.3 in. under the tendon towards the standard Heart 7 location. This treatment may be performed bilaterally or just on the left side (as Heart energetics are more left-sided), or if the physical problem is also left-sided. Do not obtain *qi*, tonify or disperse. This is a useful technique for patients who have

arthritic deformities in the wrist area, thus making the standard Heart 7 hard to needle. Retain the needle for 10 to 20 minutes.

6. PC 6 (*Neiguan*) to TE 5 (*Waiguan*)

Application: For local problems such as contracture of the wrist, arm, elbow and fingers. Stimulates upper *jiao* function.

Location: Standard Chinese locations for both points. PC 6 is located two *cun* above the transverse crease of the wrist between the tendons of the palmaris longus and the flexor carpi radialis muscles. TE 5 is located two *cun* above the transverse crease of the wrist between the ulnar and carpal bones.

Method: Insert a #1 gauge, 30 or 40 mm needle perpendicularly 0.8-1.2 in. from TE 5 to PC 6. This is a deep insertion. Do not obtain *qi*, tonify or disperse. Instruct the patient not to move his or her hands, because movement with the needle inserted this deeply can cause pain. It is also possible for the needle to bend or break. The point may be treated unilaterally or bilaterally. Retain for 5-10 minutes.

You can learn more about threading by consulting other books, which can help you become a better practitioner. The points and methods presented here are easy to do and can augment your treatment style and options; most importantly, they may offer gentle, effective medical care to your patients.

Reference

1. Chang D, Yeung CC, Chung CY. *Through-and-Through Collective Loci Acupuncture*. Medical Interflow Publishing House, Kowloon, Hong Kong, 1976.

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