

Anecdotal Point Usage

As clinicians, we know that acupuncture points have multiple energetics because of the numerous physiological functions that are regulated through the meridian system. I will share with the reader the clinical energetics and needle techniques of some common acupuncture points that obviously have actions consistent with their physiological functions, but are energetics and techniques that the practitioner may not have considered. Hopefully, by way of anecdotal recounting, the usages of these points will prompt the practitioner to employ them.

Case #1: Late one day, a patient called the college while I was supervising the student clinic. The clinic was totally booked, but the patient claimed to be in dire need of treatment, so we told her to come in, and that we would make room to treat her. When she arrived, my teaching assistant performed a complete interview and physical exam, because of time constraints and the emergency nature of the case. After the assistant summarized the case for me, I proceeded with treatment.

The patient was a female in her mid-sixties, and was suffering from an acute case of bronchitis that was brought on by exposure to cold. She was traveling the next day to a colder environment and wanted to feel better. Essentially, she was coughing and couldn't catch her breath or stop wheezing. Lying down made breathing more difficult, so I treated her while she sat up. First, I palpated the three locations of Lung 5 as further described below. I needled Lung 5 in the most tender place. Lung 5 was manipulated in a counterclockwise direction with a vigorous dispersion technique, and augmented with Kidney 6. Kidney 6 was needled toward the heel, which is considered a tonification technique as the needle is implanted in the direction of the meridian. No further manipulation was required. Each needle was retained for about 15 minutes, and the coughing and wheezing subsided immediately.

About a week later, when the patient returned from her trip, she called me and asked what I had done in the treatment, which she thought was miraculous. She also asked why it was so simple, and why it had worked. She said that it wasn't the type of treatment she was used to; however, she was very pleased, as she was able to travel without any recurrence of the bronchitis, even though it was very cold where she had traveled.

Discussion: Point Combinations Lung 5 (*Chize*) - Foot Marsh and Kidney 6 (*Zhaohai*) - Shining Sea

One of the first acupuncture points a student typically learns is Lung 5, since points are usually taught in the order of the horary clock, beginning with Lung 1 (*zhongfu*). Chinese Lung 5 is located on the cubital crease of the elbow, on the radial side of the tendon of the muscle biceps brachii. The point is located with the elbow slightly flexed.

The Japanese have three locations of Lung 5. The first is located one *cun* above the standard Chinese Lung 5, the second is the Chinese Lung 5 proper, and the third is located one *cun* below the standard Lung 5. Apply deep perpendicular pressure, and see which point is the most tender. That is the point to treat.

Puncture Lung 5 perpendicularly 0.3-0.5 inches. Note: This point is forbidden to use moxa on.

Moxa may shorten the biceps brachii tendon and permanently bend the elbow.

Lung 5 is the Water point on the (Metal) Lung meridian. As such, depending upon which needle technique is used, it can add or take away Water from the meridian. With a tonification technique, Water and yin are added, therefore the point can clear heat from the lungs (i.e., cool), and nourish lung yin (also adding Water).

Because Water is the figurative son of Metal, Lung 5 is the sedation point of the Lung meridian. It can take away Water and decrease rebellious lung *qi* manifested through symptoms of throat blockage; asthmatic breathing and coughing; hiccoughing; spitting blood; phlegm in the lungs; and fullness of the chest. Locally, it is useful for spasmodic elbow pain.

Kidney 6 is located in the depression directly below the medial malleolus. The Chinese also have an alternate location for Kidney 6, which is commonly referred to as "Japanese Kidney 6," because the Japanese use this location. This location is found one *cun* directly below the medial malleolus at the junction of the red and white skin. I use the Japanese location exclusively. The needle technique for that location is to puncture the point transversely and subcutaneously 0.1-0.2 inches toward the heel without any manipulation. This direction is considered a tonification technique.

Kidney 6 is the master of the *yinqiao* channel and a coupled point of the ren channel. It is traditionally regarded as the best point to nourish kidney yin, thereby facilitating the throat, clearing yin deficiency fire and rooting the *qi*. It opens the chest, and is good for cold in the chest and lung problems.

Case #2: The patient, a poor woman, was referred to me for treatment by another practitioner because the patient lived closer to me and because travel to that practitioner was problematic, due to the patient's pain and the expense of the treatment. I did not know what she was coming to me for until she arrived in my office, sat down, "took off her hair" to reveal a bald head, and told me that she had terminal cancer. She was undergoing chemotherapy and was experiencing terrible systemic bodily pain as a result of that treatment. She was suffering so much that I was unable to question her beyond her name and to learn that she was dying. Because she was in such discomfort, I did not want to do too much prodding or needling. This plan was consistent with my general treatment approach of using a few needles to accomplish the therapeutic aim of the treatment.

Immediately GB 34 came to mind, so that became the singular point I treated her with, sometimes with needles, sometimes only with palpation, by pressing deeply into the point bilaterally for about 20 minutes. Afterward, she visibly looked better and picked up her wig, departing happily until the following week. Even though the patient passed away about one month later, as we knew she would, I was always struck by the power of the well-chosen point to provide such deep-seated relief and peace to a patient in great suffering.

Discussion: Gall Bladder 34 (*Yanglinquan*) - Source of the Yang Hill

Chinese Gall Bladder 34 is located in the depression anterior and inferior to the head of the fibula. The Japanese location is defined as one *cun* posterior to the head of the fibula. The easiest way to find the Japanese location is simply to find the Chinese location, then slide laterally behind the head of fibula.

Gall Bladder 34 has multiple energetics, but one of its most prominent functions is as the influential point that dominates the tendons and the muscles. As such, it is a primary point for the treatment of pain, since much pain has a muscular component. Remember that the Chinese

character for tendon encompasses the nerves and ligaments in addition to the tendons, and of course, pain is perceived through the nerves. Puncture the point perpendicularly 0.8-1.2 inches and apply a dispersion technique. Retain the needles for 20 minutes. Moxa is applicable.

Case #3: The patient was a 10-year-old child who was having periodic episodes of bedwetting that were a source of embarrassment and frustration. She confided this problem to me, so I asked her if she would like to be treated. I palpated both points, which were tender, and pressed on them for about two minutes with a gentle rubbing motion. After this *tuina* treatment, without the use of needles, the child never had a bedwetting incident again.

Discussion: SP 6 (*Sanyinjiao*) - Three Yin Crossing

Our standard Chinese location for Spleen 6 is three *cun* directly above the tip of the medial malleolus, on the posterior border of the tibia, on the line drawn from the medial malleolus to SP 9 (*yinglingquan*). Spleen 6 has some of the most numerous energetics of all of the points, with the group *luo* of the three leg yin being one of its primary functions. As the intersection of the Liver, Spleen and Kidney meridians, it is an efficient point to regulate these three important and interrelated meridians.

Puncture the point bilaterally 0.5-1.0 inches with a #1 gauge 30mm Seirin needle and retain the needles for 10 minutes. Moxa is applicable. If you are treating a child, needle gently with a tonification technique, rotating in a small, clockwise direction.

In summary, while knowledge of the broad classical energetics of the points offers us the greatest usage for their clinical applicability, remembering and sharing your favorite points and success stories with fellow practitioners and students will ensure that that many patients will be helped. As humans, we remember the contextual use of points through cases or stories. Remember, write and share your patients' stories, and help enrich the Oriental body of medical literature.

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