

Acupuncture Points: Broadening Our Scope and Diagnostic Work

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As every practitioner knows, the correct diagnosis is everything. Most healing disciplines rely on the use of symptomatology for their treatment implementation. Beyond symptomatology, we have clinical tests to provide more objective findings. We have patients coming with results from plain-film radiographs, MRI, CT, PET and blood work. All of these reports aid us in getting a picture of our patients' health history.

But blood chemistries have not always been the boon to us that they are to medicine, primarily because blood chemistries advise the practitioner of developing pathologies and not of physiological deviations before they become pathological. By definition, once blood chemistries are altered, this is clear evidence that the body has exhausted its ability to maintain health. Therefore, blood work is not an early-warning sign of a disease that can be prevented.¹

It is estimated there are 400 acupuncture points on the human body. Most of these points are found on the 12 primary meridians. These acupuncture points are used for treating many ailments. Therapeutically, we can use pressure, massage, tai-shin needles, filiform needles, herbs, cupping, and moxibustion for alleviating our patients' aches and pains.

The points can also help in the diagnosis of our presenting patient. Palpation of specific acupuncture points for tenderness, as well as the Ashi points can provide a wealth of information. In the 15th chapter of *The Miraculous Pivot*, it states "When the five zang organs are diseased, the symptoms will manifest themselves in the conditions of the twelve Yuan-Primary Points with which they are connected."² Likewise, both the Front Mu/Alarm and Back Shu/Associated points have been used in TCM to gain insight to what ails our patient. If the practitioner knows what to look for, there are other acupoints to be used diagnostically. The rationale for their use comes from a physiological concept called the Viscero-Somatic Reflex (VSR).

History of the VSR

In 1898 the noted English neurologist, Henry Head, found that visceral dysfunction (inability to perform its responsibilities in maintaining homeostasis) was always accompanied by changes in cutaneous (skin) areas supplied through the same spinal segment.

In 1917 Sir James Mackenzie, a Scottish physician, found that changes in muscle tone (in groups of muscles) were associated with pathologically affected viscera sharing the same spinal nerve supply. It should come as no surprise then that pain and visceral dysfunction are always accompanied by muscle contraction. Since the cause of muscle contraction lies in changes in either structure or function, it can be considered a manifestation of stress in the body. Therefore, the practitioner may use muscle contraction as a reliable indicator for deviations in normal homeostasis.³

Application of VSR

By employing a systematic and complete examination, we can gain further clinical information. Begin with palpation of:

- Yuan-Primary Points
- Front Mu/Alarm Points
- Back Shu/Associated Points

You will want to note subjective pain perception at each point, as well as any muscle contraction. (If you are interested, email the author for an examination form you can use.)

Along with the acupuncture points noted above, here are another group of points to monitor.

Acupuncture Point	Significance
GB 21, SI 12, TW15	Fatty acids, phospholipids
Ht 3	Upper extremity lymphatics
SP 6, SP 9, Liv 8	Lower extremity lymphatics
CV 15	Stomach mucosal integrity
K 1	Bowel toxicity
GB 29	Minerals

By utilizing all of our skills with TCM and Western examinations, the skilled practitioner can get to the root cause of a patient's presenting problem. In writing this article, I hope I have enhanced your appreciation of using individual acupuncture points for more than just treatment protocols. These points provide a wealth of information to the trained clinician.

Learn how to use these and other acupuncture points for diagnosis and their specific effects on the body. Imagine the possibilities for you, your practice and your patients.

References

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2. Xinnong C. "Chinese Acupuncture and Moxibustion, 5th Edition." *Foreign Language Press*, 1997, pp. 272.
3. Loomis Jr. HF. "Loomis Institute Seminar One Manual." *Loomis Institute*, 2002, pp. 22.

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