

Whether it is a sequel to AIDS, diabetes, cancer therapies or alcoholism, or some form of hereditary, toxic, metabolic, infectious, inflammatory or ischemic disease, peripheral neuropathy (polyneuritis) is an insidious condition that causes much suffering to millions of patients. The peripheral nervous system contains the nerves that connect the central nervous system to the muscles and internal organs and transmit sensations throughout the body, thereby making feeling possible. The main clinical manifestations of peripheral neuropathy include pain, aching, burning, numbness and tingling of the distal limbs, as well as itching or extreme sensitivity to even the slightest touch. These symptoms are frequently bilateral; are exacerbated at night; and affect the lower limbs more than the upper limbs. Typical Western treatment revolves around relieving patient discomfort.

From an acupuncture perspective, certain unique therapies, particularly those involving blood stasis, can benefit the treatment of this condition. Acupuncture points with known clinical efficacy can then be added to the core treatment to address underlying deficiencies.

Traditional acupuncture treatment approaches have concentrated on local points, the *luo* and *shu* (stream) points of the affected meridians. In my treatment of peripheral neuropathy of the lower limbs, I use five core points: KI1 (*yongquan*), LR4 (*zhongfeng*), SP6 (*sanyinjiao*), GB34 (*yanglingquan*) and

KI6 (*zhaohai*). For the upper extremities, I rely on PC6 (*neiguan*), LU9 (*taiyuan*), LI11 (*quchu*), ST12 (*quepen*) and CV17 (*tanzhong*). To determine their applicability in treatment, palpate each point, one at a time, for any noticeable tenderness the patient may report to you. Press the point in a rubbing motion for about three seconds to the depth you would actually needle to. If the point is tender, it can be needled in treatment. For reader convenience, the energetics of these points, as well as their corresponding needling techniques and locations (some of which are different), are summarized in Table 1.

Table 1: Primary treatment points for peripheral neuropathy of the lower and upper limbs. Overall treatment: 1. To promote blood circulation and blood stasis; 2. To supplement the *qi*, blood and yin.

LOWER LIMB		
Point	Energetics	Needle Technique
KI1 (<i>youngquan</i>)	<ul style="list-style-type: none"> • Promotes blood circulation • Invigorates <i>qi</i>; regulates flow of <i>qi</i> • Clears heat • Activates collaterals • Promotes production of body fluid 	Puncture perpendicularly .3-.5 in. with a #1 gauge needle. Patients should be taught to press the point on a daily basis for several minutes. Continue daily until there is no more tenderness. Can also be plum blossomed.
LR4 (<i>zhongfeng</i>)	<ul style="list-style-type: none"> • √° As the metal point on a wood meridian, it moves <i>qi</i> and blood, because metal controls wood via the control (<i>ko</i>) cycle • Primary point for blood stagnation in the lower <i>jiao</i>; analogous to PC6 (<i>neiguan</i>) in the upper <i>jiao</i> 	Puncture perpendicularly .3-.5 in. or obliquely upward in the direction of the liver meridian. Can be rubbed firmly by patient for self-treatment.
SP6 (<i>sanyinjiao</i>)	<ul style="list-style-type: none"> • As group luo of the three leg yin, it nourishes the yin of the liver, spleen and kidney • Improves circulation in the lower <i>jiao</i> • For poor venous circulation 	Puncture perpendicularly .5-1.0 inches.
KI6 (<i>zhaohai</i>) Alternate location, see Figure 1	<ul style="list-style-type: none"> • Nourishes the yin, cools the blood • Reduces inflammation • Supports the sympathetic nervous system 	Puncture transversely .1 in. towards the heel with a #1 gauge needle. Obtain no <i>qi</i> .
GB34 (<i>yanglingquan</i>) Alternate location, see Figure 2	<ul style="list-style-type: none"> • As the influential point that dominates the "tendons," it is a primary point for tendons, muscles, ligaments and nerves 	Puncture perpendicularly .8-1.2 in. Have the patient rub with strong pressure.
UPPER LIMB		
PC6 (<i>neiguan</i>)	<ul style="list-style-type: none"> • Removes stagnation anywhere in the body • Can drain off excess stuck energy of upper <i>jiao</i> • Produces yin and blood 	Puncture perpendicularly .5-1.0 in. or apply deep dispersive pressure by hand, especially on the left side.

LI11 (<i>quchi</i>)	<ul style="list-style-type: none"> • As a powerful tonic, builds blood, clears heat and fire • Benefits the sinews • Boosts <i>qi</i> 	Puncture perpendicularly .5-1.0 in.
ST12 (<i>quepen</i>)* see Figure 3	<ul style="list-style-type: none"> • Loosens tissues and muscles of the supraclavicular fossa to promote <i>qi</i> and blood flow through this critical nexus over the brachial plexus which supplies the blood and nerves of the upper extremities, neck and face 	Puncture perpendicularly .3-.5 in., avoiding the transverse cervical artery. Needle with caution, as this point is on the apex of the lung. Alternate technique is with patient lying on their side to puncture perpendicularly toward the spine.
LU9 (<i>taiyuan</i>)	<ul style="list-style-type: none"> • As the shu (stream) and yuan (source) point, it is useful for distal extremities and chronic conditions • As the influential point that dominates the vessels (union of veins and arteries), it improves circulation by benefiting arteries 	Puncture perpendicularly .2-.3 in.
CV17 (<i>tanzhong</i>)	<ul style="list-style-type: none"> • Opens the chest, adjusts <i>qi</i>, spreads the <i>qi</i> • One of the eight influential points that dominates the <i>qi</i> 	Puncture transversely upward (toward the head in the direction of the meridian) .3-.5 in.
Contraindications and Instructions	<ul style="list-style-type: none"> • Do not use any of these points in pregnancy due to their strong ability to move the blood, or with patients who have a history of deep vein thrombosis of the lower limbs 	Retain needles 10-15 minutes.

As part of self-treatment, the patient can also apply the Chinese liniment *zheng gu shui* to the affected areas. *Zheng gu shui* is the most powerful Chinese prepared liniment in the sense that it has the strongest ability to penetrate, thus allowing it to be the liniment of choice for moving blood stagnation. Apply the liniment generously before bed with a cotton ball and let dry, as the liquid will stain clothes. Do not apply it near open wounds, on irritated skin or ulcerated tissue, or near mucous membranes. Discontinue use if irritation or excessive dryness develops.

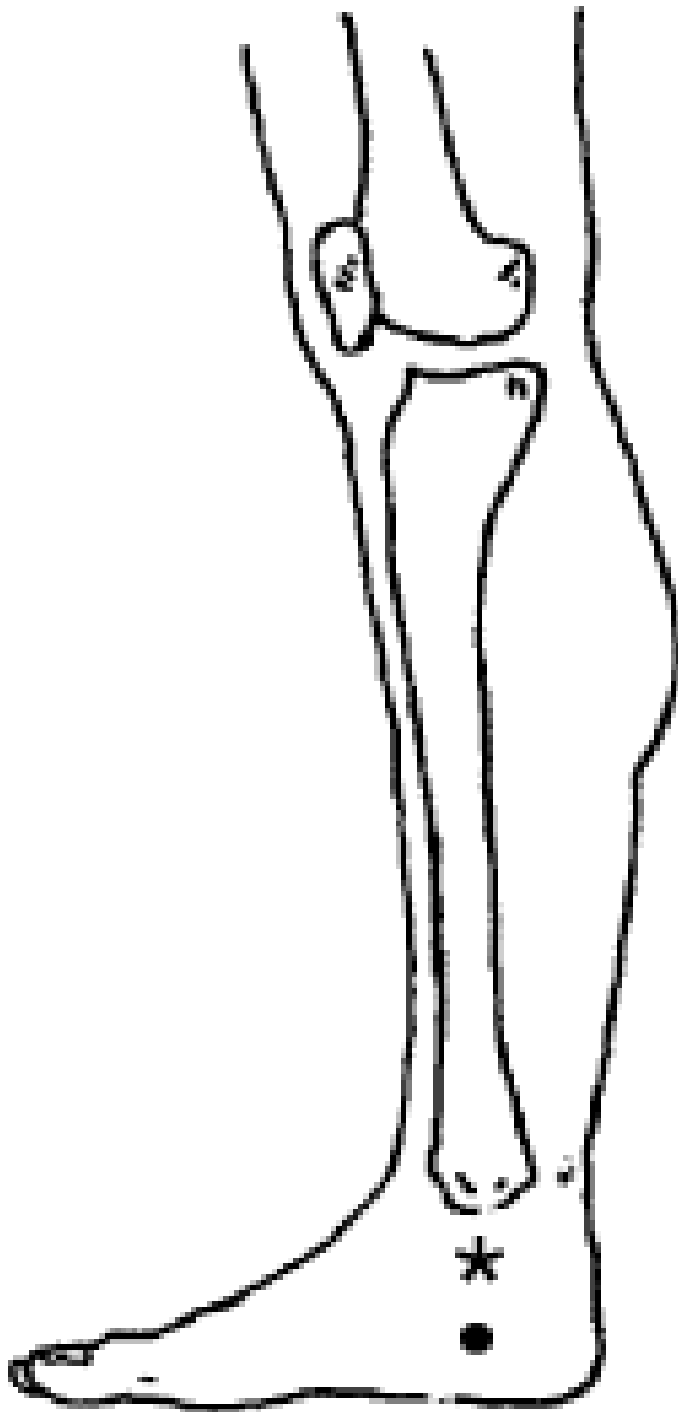


Figure 1: Japanese• and Chinese* locations of KI6 (Kidney 6).

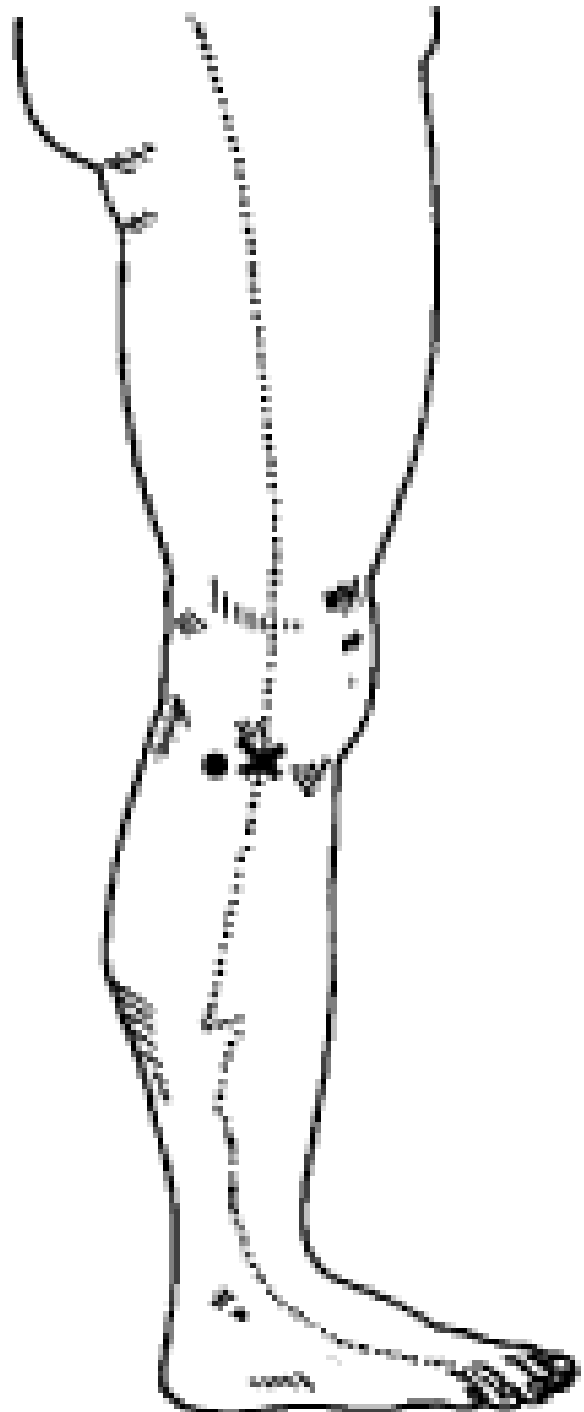


Figure 2: Japanese• and Chinese* locations of GB34.

An additional effective treatment modality includes the use of a plum blossom needle at the areas where the neuropathy occurs. Lightly tap the skin surface starting distally, then move up the legs or arms in the direction of venous circulation and repeat. Do this for about three minutes. This hammering technique can be slightly discomforting to the patient, but it is an effective strategy that should be tolerated for its effects. Some slight blood extravasation in the form of small droplets may occur as a result of the tapping; this is both normal and therapeutic. You can give patients a plastic disposable plum blossom needle with which they can treat themselves on a daily basis to accelerate a curative effect. Instruct your patients on how to use and dispose of the tool properly, and notify them only to use it on him or herself to prevent the transmission of infectious disease.

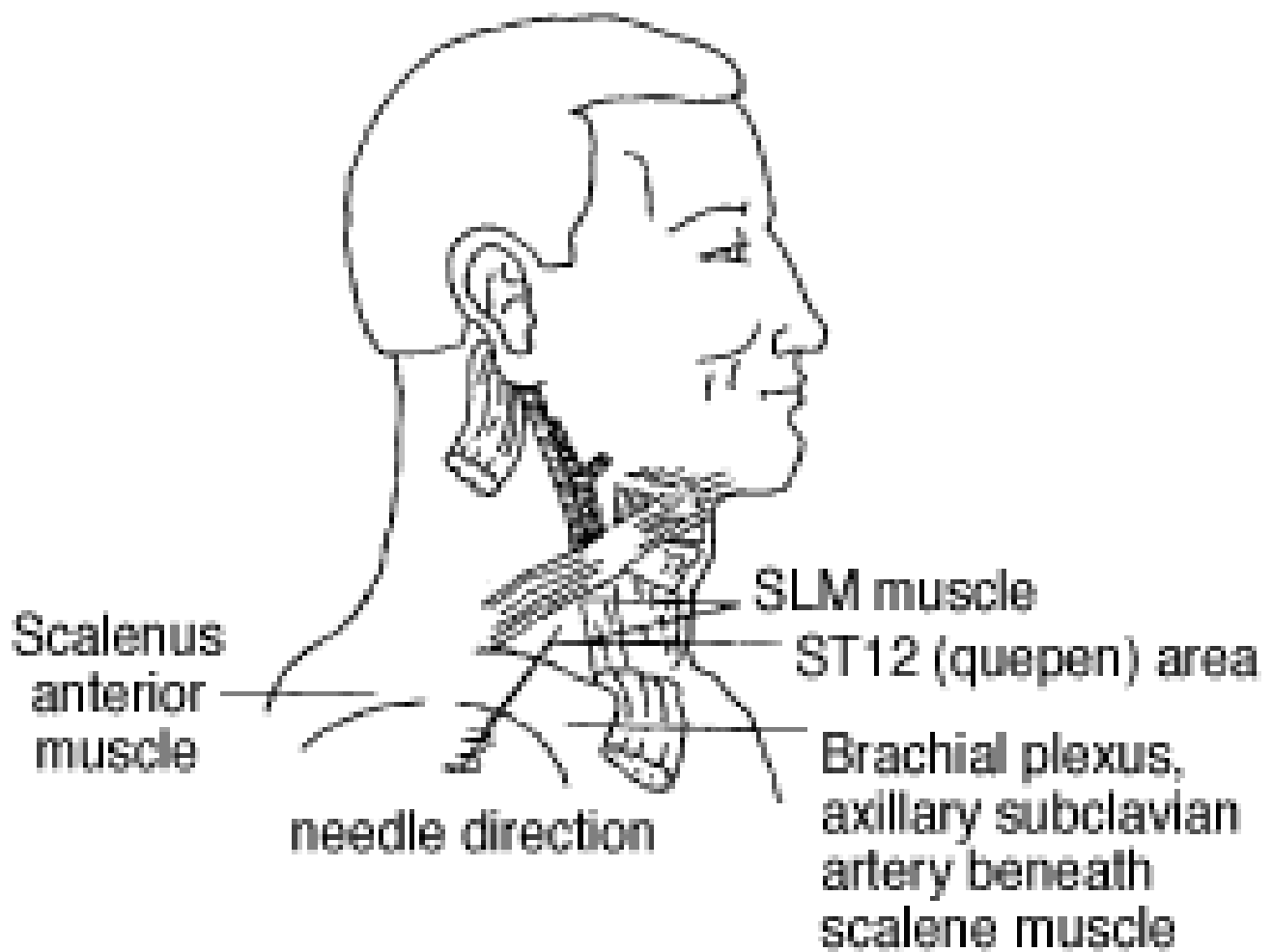


Figure 3: Needling in the area of ST12.

The use of these 10 powerful points, augmented with an external liniment and ancillary techniques, constitutes an effective treatment protocol for the clinical manifestations of peripheral neuropathy and its underlying pathologies of blood stasis, *qi*, blood and yin deficiency, and can bring much relief to an anguished population.

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