

## Bringing Precision to Point Location

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Locating points accurately is one of the fundamental cornerstones of effective acupuncture therapy. Accuracy in point location is vital for two different, but interconnected, reasons. The most obvious reason is that it has a direct influence on the clinical effect of one's treatments. The more precisely we are able to locate and needle each point, the more we are able to access that point's clinical actions. In short, the better our point location, the better our clinical results.

The second reason that accuracy in point location is indispensable is that our confidence as practitioners often revolves around the self-knowledge that we are performing acupuncture correctly. In other words, we feel better about ourselves when we know we are doing a good job, and we feel less confident when our competence is drawn into question with the insertion of every needle.

If we are unsure of the location of the points we use in our clinical practice, it reinforces a subtle suspicion that we may not really know what we are doing, and undermines our confidence as practitioners. We also tend to avoid altogether the use of those points whose precise locations evade us, and thus reduce our clinical effectiveness by narrowing our range of treatment options. Having worked with student-level practitioners for a long time, I have observed how early development of poor location habits can stick with a practitioner, influencing his or her clinical approach over the course of an entire career.

As an instructor of acupuncture, and a supervisor of student clinics, I have noticed certain inconsistencies in students' abilities to accurately locate the points of the 14 primary meridians. Such inconsistencies pose a concern for us all, because most practitioners tend to continue locating points using the same methods we learn as entry-level students. So, what is it that puts so many practitioners off course in our location skills at such an early phase of our career? What are the stumbling blocks that cause this important facet of our craft to remain mysterious to so many of us for such a long time? For a long time, I contemplated the source of these persistent inaccuracies. I asked myself: Could there be a fundamental flaw in the training that students receive? Are the textbooks that students use inaccurate? Is proficiency in point location inherently evasive by its very nature?

As an exploration of these questions, I began offering an elective course at the Academy of Oriental Medicine at Austin on point location, which was made available to students who have already completed their first year of training in the standard methods of TCM point location. Working with students on refining and developing location skills over the past five years, I have identified and come to understand five major areas that commonly undermine students' ability to locate acupuncture points accurately and consistently.

The first general challenge that students face is the memorization of each point's defined location. This is probably the simplest aspect of point location mastery, in the sense that it is very straightforward. At the same time, this can be very challenging, because the language of human anatomy is often

foreign to beginning students, and because the body of information that must be memorized is nothing short of immense.

The second major pitfall I encountered in the student approach is the tendency to relate with points in isolation. Rather than considering each point's place along its meridian pathway, students tend to conceptualize points only in terms of their regional anatomy. Students frequently "mislocate" points simply because they have lost sight of where a point should lie in relation to the whole meridian pathway. It is important, therefore, that students and practitioners familiarize themselves with the trajectory of each meridian's pathway. The correction for this common source of inaccuracy is simply to increase one's familiarity with each of the meridian pathways, and to examine the relationships among the points of the meridian at every opportunity.

The third place where I find most students' understanding of point location to be susceptible is an incomplete knowledge of each point's regional anatomy. It is vital for beginning students, when they are developing their first images of each point, to have a clear mental picture of what lies beneath the skin's surface. This helps students to form mental maps for each point, which can then be transposed onto the body's surface and palpated each time they go to find the point.

In teaching point location, I use Carmine Clemente's *Regional Atlas of Human Anatomy*, and use medical illustrations to explore the anatomical distinctions of each point and its surrounding region. The critical point here is that each student forms a mental image, which can be used to map the point's location onto a patient's body. While this may seem like common sense, I believe it actually represents a sharp departure from the standard use of anatomical reference points in point location training.

Acupuncture schools provide a thorough training in the regional anatomy of points, but for most students, this information is stored as mental fact. Students relate with the anatomical features of the points as data, rather than as image. While the basic facts of point location are indispensable, it is difficult to visualize a fact, and the facts alone are insufficient for most student-level practitioners to form a meaningful mental image that can be mapped onto the body as a guide for palpation.

The fourth area of peril I encountered in working with students is probably the most controversial, and certainly the most perplexing. It appears that much of the training students receive in learning to locate points is fundamentally inconsistent, and leads to inaccurate results and widespread confusion on the part of the students. For example, students are taught that the distance from the radial side of the index finger to the ulnar side of the little finger is three *cun*. They are also taught that the distance between the cubital elbow crease and the transverse crease of the wrist is 12 *cun*. If both of these standard measurements are correct, we could reasonably expect the width of our hand to fit four times between our elbow and wrist. In reality, however, this simple experiment produces that expected result less than 50 percent of the time.

This same inconsistency can be generalized across all of the body's proportionally measured regions when we attempt to use hand unit measurements to gauge *cun* distances along the body's surface. Many practitioners have come to realize the limitations of applying hand *cun* measurements to the various regions of the body, and have come up with compensatory mechanisms to account for this inconsistency. However, I can verify from my personal teaching experiences, in working with students from all over the country, that many practitioners do, in fact, locate points by using hand measurements, despite the fact that these measurements yield unreliable results even when applied to one's own body, let alone the increased margin for error when trying to transpose one's own hand

measurement onto another person's body (i.e., that of the patient).

The correction for this potential source of inaccuracy is to rely predominantly upon a proportional measurement system for beginning practitioners, and upon a palpation-oriented measurement system for more advanced practitioners. The proportional distances of each body region are unique to each specific area of the body. A three *cun* measurement in one area of the body is not necessarily the same distance as a three *cun* measurement in a different body region. Because a *cun* is not a static distance, but rather changes length according to the anatomical region on which it lays, a proportionally based measurement system is the only reliable way to appraise distances when locating points.

The last area of weakness I discovered in students' approach to point location pertains to language, and the limitations in the lexicon of acupuncture terminology. Most beginning-level students I have worked with have, at best, a marginal familiarity with Western anatomical terminology, and no knowledge of Chinese anatomical language whatsoever. Although these things can be learned and mastered over the course of a student's training, I have found that the earliest impressions leave the deepest and most lasting imprints.

Most American students of Chinese medicine seem to form a cognitive image of a point's location early on in their professional training, at a time when the anatomical language of point location is still nebulous. I do not think this produces as much of a dilemma for Chinese students of acupuncture, because the Chinese language is implicitly image-oriented. In the Western world, however, the language of point location is far from pictorial. Rather, it is a technical language that lacks the kind of vivid imagery that students need in order to develop a mental mapping of the body.

In my courses, I devote equal emphasis to the five areas I have highlighted above:

- committing to memory the textbook definitions of each point's location;
- paying careful attention to frame each point within the context of its meridian pathway;
- training students to create a bank of mental maps, so that they have a clear picture of what they are feeling anatomically as they palpate for points;
- adopting an exclusively proportional-based measurement system, wherever applicable; and
- using a descriptive, nontechnical, image-rich language to describe the anatomical landmarks and energetic features of the points

Following this approach has revolutionized my students' ability to palpate acupoints accurately, and efficiently. All of the students who have completed this training have reported a dramatic increase in their ability to locate points reliably, and in the confidence that results from increased certainty. While this article is largely focused on the student-level perspective, it is intended for readers of all experience levels, all of us were students at one point, and it is likely that our current approach to the practice of Chinese medicine is still guided and shaped by the principles that we internalized in the earliest stages of our training. Today, more than ever, accuracy in point location training is of paramount importance.

Over the course of my 10 years in the field of Chinese medicine, most of which have been focused on education, I have witnessed a change in the demographic trend of entry-level practitioners. When institutionalized training in the field of Chinese medicine began in the United States in the 1970s, acupuncture training programs and colleges attracted an especially high concentration of martial artists, shamanic healers, yogis and meditation practitioners. During this early period in American acupuncture training, when the field was widely regarded as a "fringe" profession, most of the

students who were attracted to acupuncture and Oriental medicine as a profession had a "calling" as a healer, or some previous background experience in the spiritual or healing arts.

Today, as acupuncture becomes more integrated with the American mainstream, there is still a large number of massage therapists, chiropractors, and people with a similar touch-oriented background entering acupuncture colleges across the country. In contrast to the demographic profile of Oriental medical students of yesteryear, the first-year classrooms of acupuncture colleges are also populated by a large number of accountants, engineers, financial advisors, computer programmers and software designers. While I believe this diversity makes our profession stronger as a whole, I have also noticed that it creates new challenges in acupuncture education.

As more people with no previous healing-arts background endeavor to learn acupuncture and Oriental medicine, we must work to develop training models that meet the diverse needs and aptitudes of today's students. I am hopeful that my methods will help students and practitioners alike to develop greater confidence and elevate their future clinical results.

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