



PHILOSOPHY

## On Point: Acupuncture Theory & Discussion

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Welcome to my new column for *Acupuncture Today*, which will focus exclusively on the theoretical discussion and clinical application of acupuncture theory and acupuncture points. One of the most common questions I encounter from novice to experienced practitioners is "how do I choose the correct acupuncture point?". I hope this column can help answer some of these questions.

Another inspiration for the creation of this column is a very curious environment manifesting in contemporary Chinese medicine circles. In the past years, I am seeing more and more practitioners do everything but use acupuncture. Cupping, moxa, laser therapy, color therapy, even "reiki" seems to be receiving more discussion than the exquisitely simple use of the acupuncture needle.

It is my hope that this column can help inspire novice and seasoned practitioners alike to reawaken their love of the use of acupuncture points over fad marketing hype in clinical practice. I will share some of my ideas of using acupuncture points over my 18 years of clinical practice and hopefully stimulate some creative thinking in the clinical environment.

In this initial installment, I will cover some unique ways to break out of the generic use of the "Four Gates" and use simple yet clinically effective Two-Point combinations to address pattern presentations commonly encountered in the clinical setting. This is by no means downplaying the effectiveness of the use of the basic Four Gates combination: LI4 + Liv 3. I often use this combination with clinical success in a wide variety of pattern presentations involving Liver Depression Qi Stagnation, a common pattern seen in the clinical setting and one which runs beneath many other seemingly complex pattern presentations.

The Four Gates



The combination of the Four Gates has a wide range of clinical application and while there are variations in "gate opening" point combos, the most commonly encountered version of the Four Gates combination is LI4 + Liv 3. This is not a surprise as these two points have a wide range of systemic influence:

- LI-4: Yuan Source point, dispels wind and releases the exterior, promotes the dispersing function of the lung, removes obstructions from the channel, harmonizes the ascending and descending activities of Qi.
- LR-3: Shu Stream point, Yuan Source point, pacifies liver and extinguishes wind, promotes the smooth flow of liver qi, calms spasms, expel interior wind, calms the mind.

### Practicing With Intent

Looking at the combined actions of these two acupuncture points showcases why the Four Gates combination is so widely used and so clinically effective. However, I see students and clinicians using this blindly and generically without "intent." By this I mean that the respective student / clinician is unable to provide a clear reasoning for the choice of the Four Gates combination besides "well, it works."

If the actions of the combined points are directly related to the pattern presentation of the patient, so be it. But if the Four Gates point combination is chosen out of confusion or out of apathetic clinical reasoning, then the practitioner must improve upon the choice of point selection, diagnosis or pattern differentiation.

If the points fit, use them. But have clear intent with each- and -every point selection. If the patient

suffers from conditions / patterns which can be balanced by the actions of the Four Gates, then use the Four Gates. If there is not a clear connection between the acupuncture point actions and the patient, take the time to reevaluate the point selection out of the many options of clinically effective points.

### Using a Substitution

One of the most common substitutes for the traditional Four Gates point combination I use clinically is the following point combination: RN-6 + SP-6. I use this point combination more frequently clinically than the traditional Four Gates, mainly because the traditional Four Gates combination does not have the ability to directly tonify Qi or Yang and mainly focuses on coursing, clearing and regulating.

The average patient I see clinically suffers from Qi / Yin / Yang vacuity on some spectrum. Simply using the traditional Four Gates may help improve symptoms temporarily in some cases but the effect is not lasting. In some cases of significant vacuity, coursing and moving the Qi can aggravate and / or worsen the condition. Therefore, I often use the combination of RN-6 + SP-6 to course the Qi, nourish Blood, Warm Yang, Supplement Yin, and invigorate the Blood with only using two effective points. Let's examine the combination of RN-6 + SP-6:

- RN-6: the "Sea of Qi", Tonifies Qi, Warms Yang, regulates the Qi, Strengthen Yuan Qi, resolves Damp.
- SP-6: crossing point of Spleen, Liver and Kidney channels, Tonifies Spleen Qi, resolves dampness, regulates Liver Qi, Tonifies Kid Yin, Nourishes Blood, invigorates Blood.

### In Closing ...

As we examine the combined actions of these two points, we can clearly see how they can be effectively substituted for the Four Gates in cases of significant vacuity with concomitant stagnation / stasis issues. This point combination also allows the patient freedom of the arms to move as needed and avoids the typically sensitive areas of the hands and feet, which can be particularly germane for first-time patients or patients afraid of needles.

In cases of vacuity with concomitant stagnation / stasis, I would needle RN-6 with even, gentle, supplementing manipulation and SP-6 with stronger, draining manipulation as needed. In cases of vacuity with concomitant stagnation / stasis and additionally heat presentations, I will add LR-2 with draining manipulation. This simple addition can effectively target any underlying Heat syndromes which can commonly occur from stasis / stagnation patterns.

I hope this discussion has stimulated some creative thinking and encourages students and clinicians to break out of predictable point selections chosen out of confusion or apathetic clinical reasoning. I look forward to future discussions on creative acupuncture point selection and the use of intent in needling.

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