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ACUPUNCTURE COLLEGE
CORRESPONDENCE COURSE



LESSON 11
OF
31 LESSONS

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Recommended books to simplify your research are as follows

Essentials of Chinese Acupuncture
Gray's Anatomy
The Merck Manual
Taber's Cyclopedic Medical Dictionary

The people of the entire English-speaking world owe a debt of gratitude
to the acupuncturists and medical researchers
who have made possible this correspondence course. Thanks go to:

Dr. Nguyen Van Nghi,
Charles H. McWilliams,
Dale E. Brown,
Gregory Delaney

Full acknowledgements are found in Lesson 31

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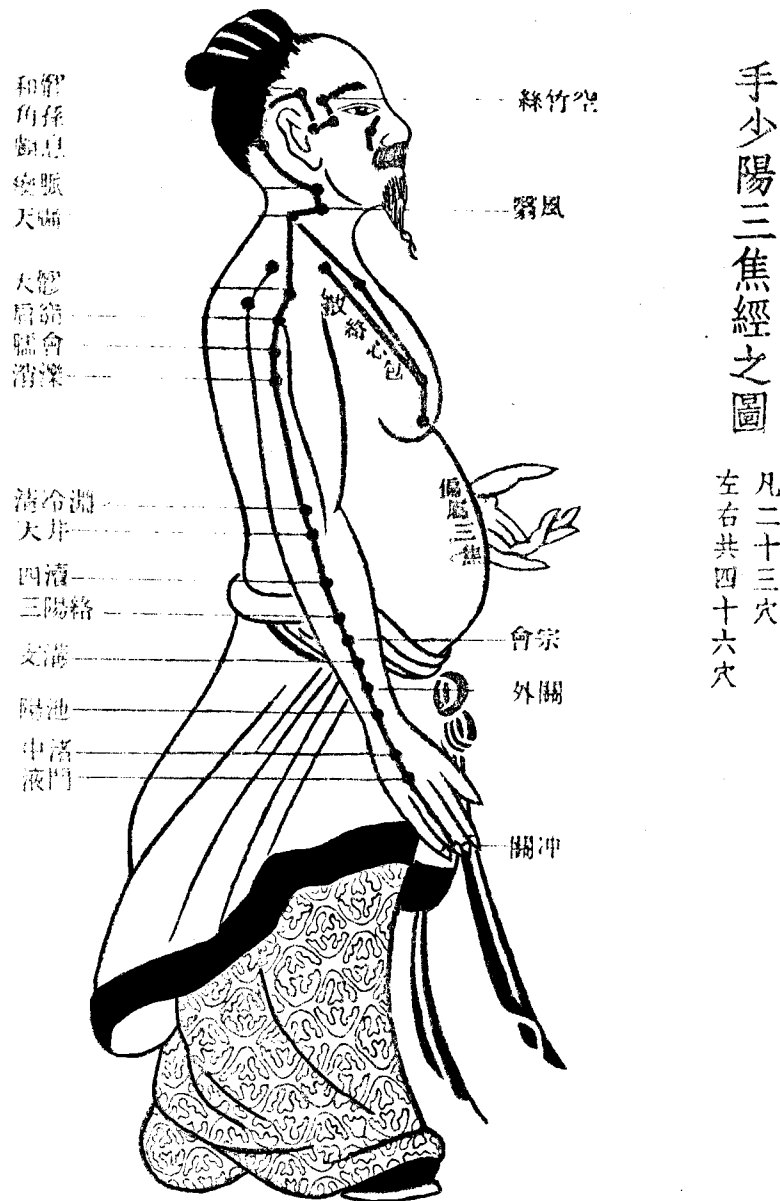
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MODERN & TRADITIONAL ACUPUNCTURE

LESSON 11

(HAND YANG MINIMUM) TRIPLE BURNER MERIDIAN



圖六十七——仿明版古圖(十三)

The next meridian (ching) we are going to cover in detail is that of the Triple Burner itself. The Triple Burner meridian is considered by many master acupuncturists to be one of the most important meridians of the main twelve. Emphasizing this is the fact that acupuncturists from certain secondary schools of thought attempt to treat all conditions using this meridian alone. Carried to this extreme however, their scope and range of practice tends to become somewhat selective and specialized, although it does serve to underscore the importance attached to this meridian in traditional acupuncture.

From Lesson Two, the student should know this meridian in a more complete terminology as, the 'Hand yang minimum Triple Burner meridian' (abbreviated 'TB' in the nomenclature system we follow). From Lesson Eight, we know that the Triple Burner is of the FIRE ELEMENT, and from Lesson Nine, that this meridian is one of the two comprising the SHAO YANG Energetic Layer. In Chinese the 'Triple Burner' is known as the 'Sanjiao' --- literally meaning the three portions of the body cavity, and thus some authors call this meridian the San Jiao or San Chiao meridian. Because of difficulties in translation from the Chinese, and a general lack of understanding of the full scope of its activities, there have accumulated a great number of different names for this functional organ/meridian in Western languages. As this often is a source of confusion for students we will mention some of the other more common ones, which are: Triple Warmer, Triple Heater, Three Burning Spaces, Triple Scorcher, Thermo-Regulator, Triple Alimentation, Three Heated Concavities, Lymph meridian, Endocrine meridian. Other authors' abbreviations differ correspondingly, such as: T, TW, TH, TA, SJ (or SC), TS, Roman numeral 'X' or 'VI'.

NOTE: Diagram on cover of this lesson is a traditional illustration, not meant for study purposes. It originates from an illustrated treatise on acupuncture and moxibustion published in China around the year 1025 A.D.

In light of all this, Triple Burner and 'TB' would seem to be as good a name and abbreviation to use for it as any other. Because of the obtuse nature of its function as an energy concept, it perhaps would have been best had this tenth meridian of the classical cycle of Yong energy flow not been rendered into English at all, but simply left as the 'Sanjiao' meridian.

The Triple Burner meridian has twenty-three acupuncture points on each side of the body. Indications are given at the end of this lesson for the nine most important points of this meridian from the standpoint of prevailing usage in everyday treatment. Of these nine, five are points of major therapeutic significance (for which all information given should be committed to memory) and four are of a secondary or lesser therapeutic importance. The student should of course know the locations of the remaining points (other than just those for which indications are given) on each meridian, in order to fully trace its pathway for diagnostic purposes and utilize other meridian points that are covered separately throughout the program [such as the control, command and horary points, which do not necessarily coincide with those fewer points we specifically give therapeutic indications for].

Points 8, 19 and 20 of this meridian must be considered as FORBIDDEN TO NEEDLE TREATMENT. Even though the restriction against needle use at point number eight is occasionally not observed by experienced acupuncturists, it should be considered as a forbidden point and not utilized in any manner (pressure included) unless specifically required. This Institute strongly suggests that the contra-indication on points 19 and 20 be strictly respected in regards to needle action, although these two points could be handled if necessary, with O.I.C.S. Needle-less Electronic Treatment Techniques. A few authorities claim that the seventh point of this meridian is also forbidden to needles, however, we can find no classical or anatomical support for their statements, although traditionally the point should be used only if very precisely located.

Points 16, 18 and 23 are classically referred to as being FORBIDDEN TO MOXIBUSTION, with a number of authorities including point number four in the list as well. The Institute does not however consider TB-4 as forbidden to careful handling by moxibustion. Point number sixteen is positively forbidden to moxibustion, and this caution is even respected by the more modern 'traditional' acupuncturists who tend to ignore many of the classical contra-indications. Although all points cited as forbidden should be strictly adhered to by our students, the following must be stressed --- do not under any circumstances use moxibustion or similar therapy on Triple Burner meridian points 16 and 23. Some authors state that TB-21 is also forbidden to moxibustion, however this is not correct and undoubtedly stems from the confusion between TB-21 and TB-23 as discussed later on in this Lesson.

Some special indications for certain points on this meridian are noteworthy, and must also be mentioned. TB-2 and TB-10 are corrective or adjustment points in cases where an error is made in needling the wrong acupuncture point anywhere on the body. TB-2 applies to any wrong points needled on the arms or on the body above the navel (belly-button). TB-10 applies to any wrong points needled below the navel or on the legs. These points must NOT be abused or simply incorporated into all treatments "just in case a wrong point has been chosen or needled". As a special internal connecting point of the three Yang meridians of the Hand, TB-8 is a most important point energetically, and that is likely why it has traditionally been forbidden to needle action as far as beginners in acupuncture are concerned. If TB-8 is needled in error or when not specifically required (producing symptoms of vomiting, diarrhoea and 'jumbled' pulse readings), needling St-36 may counter-act and make a corrective adjustment. TB-7, although not a point of major or minor significance for purposes of this Lesson, is most effective in cases of Triple Burner energetic problems caused by blockage of its energy circulation, acute diseases of the whole Triple Burner meridian, and in cases of geriatric senility.

THE EXTERNAL & INTERNAL PATHWAY OF THE TRIPLE BURNER MERIDIAN

NOTE TO STUDENTS: As you read, trace on yourself with a finger, the complete pathway described verbally below, and on the next few pages. Do this very carefully, several times, before you attempt the subsequent detailed point location Steps. Note especially the three distinct sections of this meridian. Although many of the acupuncture points mentioned have not yet been covered in detail, you can get a good idea of their location from the verbal descriptions given. Rest assured that there are a number of good reasons for all of this detailed, verbally presented information.

The EXTERNAL pathway of this meridian [after receiving its energy from the EH meridian] originates at point TB-1 on the ulnar side (little finger side) of the finger-nail of the ring finger (finger next to little finger). It proceeds along the ring finger on its top ulnar edge and runs between the 4th. and 5th. metacarpal bones (bones of the hand between the wrist and beginning of fingers) up the dorsal surface of the hand (opposite side to palm) to the wrist. From the wrist, it runs up the dorsal aspect (exterior or posterior surface) of the forearm between its radius (thumb-side) and ulna bones, and about mid-way up the forearm starts crossing over top of the ulna bone and going to TB-10, which is just above this bone's olecranon (what most people consider to be their actual elbow bone or elbow tip). From here it runs further upward along the lateral (exterior) aspect of the upper arm, following the humerus (the bone of the upper arm) to its upper posterior end, where TB-14 is located --- this being the top back part of the upper arm or start of the shoulder region (rear). [The two diagrams on Page 20, Lesson Nine, may be of help to you.]

From TB-14 the course of the external meridian runs along the posterior edge of the shoulder (towards the neck) to TB-15, which is located at about two-thirds of the distance between TB-14 and the actual start of the neck.* From TB-15, most acupuncture charts and diagrams simply show the meridian run-

* Some authorities claim that between TB-14 and TB-15 the meridian actually contacts SI-12 (not to be confused with LI-16), however, we have not been able to verify this or find any clinical significance for it.

ning directly to TB-16 on the neck. However, it does NOT go to the neck directly from TB-15 as shown on the charts. Just after, and slightly above TB-15 it actually crosses the Gall Bladder meridian at GB-21 [but does not make contact with it], then climbs over the shoulder (towards the chest) and runs forward [crossing over, but not contacting the Large Intestine meridian] into the supraclavicular fossa (the hollow above the collarbone) where it does contact the Stomach meridian at St-12. The external pathway has now become an internal pathway (with no acupuncture points of its own thereon) and from this supraclavicular fossa it descends and penetrates into the chest. In the sternal (breastbone) region of the chest it branches out to connect with the Envelope of the Heart (pericardium) itself, to which it is intimately related, and also makes contact with the Conception Vessel at Co-17 (front mid-line, approximately on a level with the nipples). From the pericardium it descends thru the diaphragm and goes directly down in the abdomen to well below the navel [to Co-5]. As a result it links successively the Upper [Co-17], Middle [Co-12], and Lower [Co-7] portions of the Triple Burner. The entire preceding pathway as described above and on Page Five, can be referred to as the HAND SECTION of the Triple Burner meridian, of which some is external (with acupuncture points) and some is internal (no TB points).

The next part of the Triple Burner meridian pathway is known as the CHEST SECTION, and starts in the sternal region of the chest from beside the heart --- therefore originating from within the Upper part of the three "Burners". From around Co-17 it internally ascends the mediastinum (area between the lungs) going back up to the supraclavicular fossa and St-12. From the supraclavicular fossa it superficially mounts upward over the shoulder and curves around the lower rear base of the neck [crossing over or under a variety of different meridians, but not contacting any of them directly] towards the mid-line of the back, making an important connection with the Governor

Vessel at Go-14.* From Go-14 it returns again to the very top of the shoulder beside the neck [crossing over or under the Bl and GB meridians, but not making contact with them in any way], where it emerges just before TB-16 to once again become an external meridian (with acupuncture points, as shown on standard acupuncture diagrams and charts). Then the pathway (now external again) climbs upwards along the outside rear edge of the neck to the point TB-16, and then angles forward (towards the jaw) and further upwards (towards the ear) to TB-17 near the bottom of the ear, underneath the ear-lobe.

From underneath the ear-lobe this section of the meridian contours the back of the ear, upwards to TB-20 above the ear. Leaving TB-20 it once more becomes an internal meridian, and angles forward and upward (towards the top of the forehead), where at the side of the forehead it contacts directly several Gall Bladder meridian points [exact points not important for purposes of this lesson]. The pathway (internal) then goes abruptly downwards past the temple, and travelling midway between the eye and ear, runs down towards the lower jaw. On the cheek it finally curves forward and upward again, terminating on the cheekbone near SI-18 (below the outer corner of the eye, on an approximate level with the tip of the nose). The internal pathway described in THIS paragraph from TB-20 and on, is of course NOT shown on most acupuncture charts and diagrams.

*NOTE: You may recall from Lesson Nine (Page 4, para. 1) that we spoke of a connection between LI and Go-14, just like the one between TB and Go-14. Besides the two already mentioned the GB and Bl meridians also have such a connection to Go-14. [Some authorities claim SI connects to Go-14 as well, but we do not know.] As a direct (external) connection the Bl one is shown on all good acupuncture charts, but unfortunately the rest are not usually given because they are internal. Notice how all these connections to Go-14 mean that the three Yang Energetical Layers are therefore connected to the Governor Vessel by at least one of their meridian pairs, and that the Shao Yang Layer has both of its meridians so connected. These are very important energetical and therapeutical relationships, and are discussed further regarding clinical application in the Lesson on the Governor Vessel itself.

The third and last portion of the Triple Burner meridian pathway is often referred to as the Ear or AURICULAR SECTION. This part of the meridian starts out as an internal meridian from behind the ear at the TB-17 point of its 'Chest Section' (underneath the ear-lobe), and penetrates internally into the ear. After running through the ear it emerges just in front of the ear at SI-19 and still internal, connects up to GB-3 [also in front of the ear, slightly below and in front of the TB-22 point]. Because this last mentioned internal part from TB-17 to GB-3 traverses the ear, it is of extreme importance in treatment of many ear related problems. This internal branch is very often utilized in a more traditional approach to the treatment of deafness, tinnitus and dizziness. Remember it!

From just above SI-19 of that internal branch, and at the point TB-21, the pathway now becomes the external meridian as shown on acupuncture charts and diagrams (provided they properly give TB-21 and TB-23, as discussed later on in this lesson). From TB-21 just in front of the ear, the pathway runs sharply upward a very short distance to TB-22, and then angles further upward and forward towards the eyebrow. Just below the temple it crosses over the descending internal pathway of the Chest Section [see previous page]. It terminates at the last point of this meridian (TB-23) located at the outside corner of the eyebrow. From TB-23 an ANASTOMOTIC or communication channel carries Triple Burner energy on to the first point of the Gall Bladder meridian --- the next meridian in cycle of energy flow. SINCE ACUPUNCTURE CHARTS AND DIAGRAMS DO NOT GENERALLY SHOW ANY INTERNAL MERIDIANS OR BRANCHES, they would simply have a line joining TB-20 of the Chest Section (above the ear) to TB-21 of the Auricular Section (in front of the ear).

PLEASE RE-READ (AND FOLLOW THROUGH ON YOURSELF) THE MATERIAL OF THE PRECEEDING FOUR PAGES BEFORE GOING ON TO THE NEXT PAGE!

Let us now take an even closer look at the Triple Burner meridian by locating the general area of all its acupuncture points, right on your own body. You will probably have to strip to the waist in order to bare your shoulders enough to follow the entire pathway of this meridian and its twenty-three points, as shown on current acupuncture diagrams and wall charts. Use a wax skin marking pencil or some other non-toxic felt-tipped pen to mark the points on yourself as instructed in the following Steps. For the first eight Steps, you will be able to refer to the diagram of the back of the arm on page 20 of Lesson Nine, in which the TB meridian is represented by the shorter dashes (-----). The hand and forearm bone structure diagram on that same page will also be helpful.

STEP #1: With fingers straight and the palm of your hand down on a flat surface, the first point, TB-1, is on the top edge (finger-nail side) of the ring finger (finger next to little finger), just above (towards the wrist) and beside (towards the little finger) the finger-nail itself. Mark it in about one Fen (tenth of a finger Pouce or approximately 2 - 3 mm.) away from the rounded corner at that ulnar side of the root (base) of the nail. This is another 'emergency care' nail point like LI-1 and Lu-11.

STEP #2: Again, with the fingers straight and hand palm down, points TB-2 and TB-3 lie on the dorsal surface of the hand, approximately one-half and two finger Pouce respectively, upwards (towards the wrist) from the outside margin of the web between the ring and little fingers. Or, if you form your hand into a loose fist so that your knuckles become evident, you can feel a definite valley in between the knuckles of the ring and little finger. TB-2 is in this valley between the knuckles, at about seven or eight Fen in front of them (towards the web) when you are measuring from an imaginary line joining the highest points of these two knuckles. TB-3 is in this valley on the other side of the knuckles, about eight or

**For greater detail see the textbook,
"Essentials of Chinese Acupuncture"**

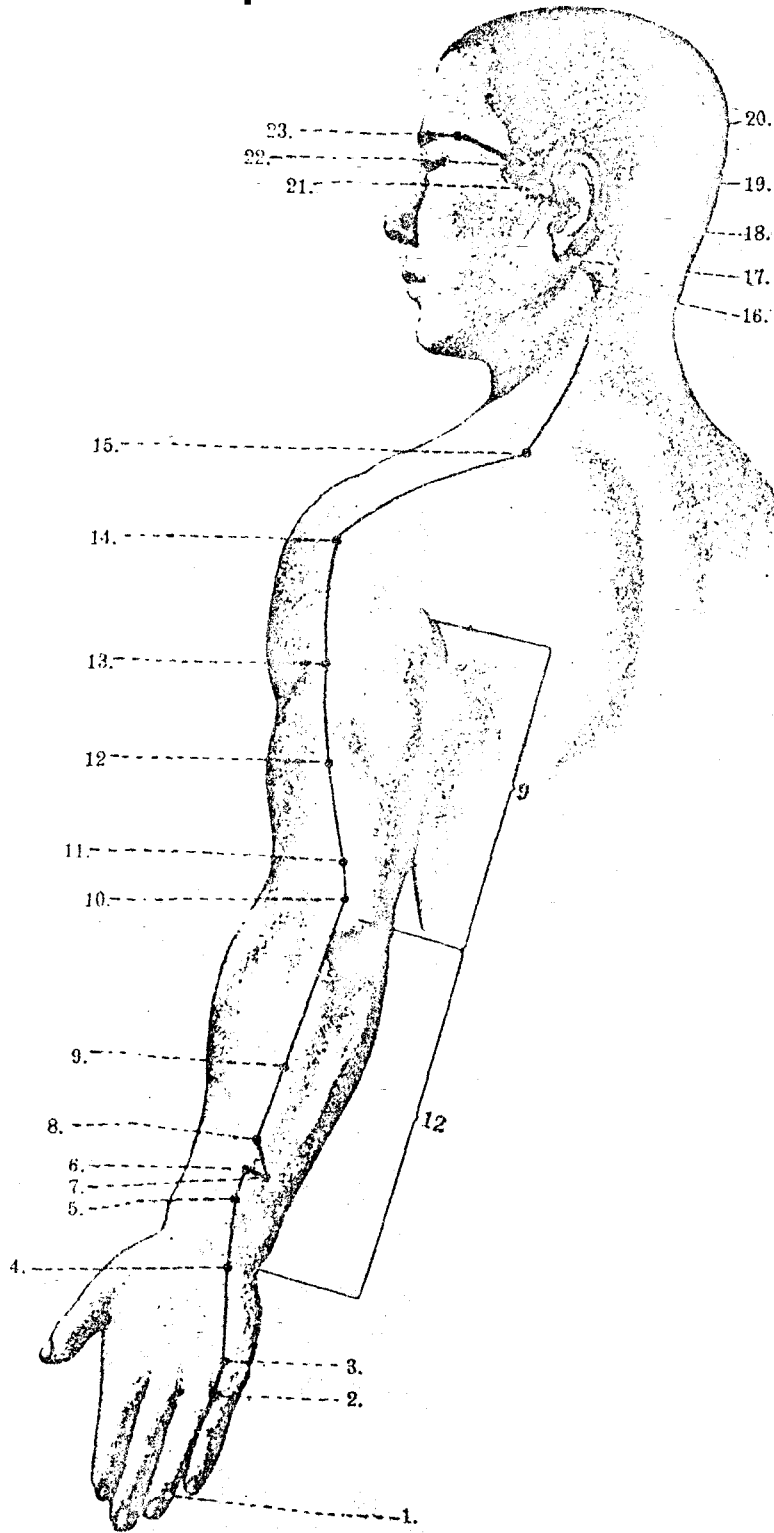


DIAGRAM OF EXTERNAL TRIPLE BURNER MERIDIAN

nine Fen back (towards the wrist), again measuring from an imaginary line joining the very highest points of these two knuckles. Between these two different ways of making measurements (fingers straight or loose fist) you will be able to mark TB-2 and TB-3 in quite accurately.

STEP #3: Draw a line around the top of your wrist at the place where the back of your hand seems to end and the back of your forearm seems to start --- what could be called the dorsal wrist crease, although few people have an actual pronounced crease there. Bending your hand backwards to form a ninety degree angle with your forearm may help you judge where this line should be. [If you were to extend that line right around your whole wrist it should be right on, or very close to, the major wrist crease on the other side of the wrist, as utilized in previous lessons.] Follow in between the bones of the little and ring fingers up towards the wrist, to where they would seem to meet the line you have just drawn on the back of your wrist (although they don't actually quite go all the way up to that line). With your finger tip locate a small depression at this spot on the line, and you have probably found TB-4. With your hand palm down on a flat surface, you can feel a large hard tendon at the center of the back of your wrist --- the tendon is especially noticeable if you wiggle your middle finger up and down by itself (palm down on a flat surface). On either side of this tendon you will find a little depression along the line around the back of your wrist (bending your hand backwards slightly may make the depressions show up better). Mark both of these depressions in. TB-4 is in the depression on the little finger side of this tendon, not in the one on the thumb side of it. TB-4 then is between the muscles in the middle of a small depression immediately on the ulnar side of that tendon (extensor digitorum communis muscle). Mark in TB-4 and join up TB-1 (meridian runs along the top ulnar edge of ring finger), TB-2, TB-3 and TB-4 with a line.

STEP #4: Locate and mark in the eleventh point of the Large Intestine meridian (LI-11) as in Step #5, page 6, Lesson Nine. With your forearm in a horizontal position in front of you, half bent at the elbow (ninety degree angle between forearm and upper arm) and palm down (sitting, rest forearm on a desk or table) draw a fine straight reference line between LI-11 and the depression on the opposite side of the tendon to TB-4 (this means that the reference line will meet the line around the back of your wrist at about a half finger Pouce away from TB-4 on the side of the tendon closest to the thumb-side of your wrist). Keeping your arm as above, divide and mark-off the distance between LI-11 and the middle of that other depression (not TB-4) along that reference line, into twelve equal forearm Pouce, mathematically using a ruler/tape measure, or with long strips of paper, etc.

The next few points of this meridian are located on the posterior surface of the forearm (back or top) in the valley between the two bones of your forearm (ulna and radius bones). TB-5, TB-6 and TB-8 are at a distance of two, three, and four forearm Pouce respectively up (towards the elbow) from the line around the back of your wrist, and on or very close to your reference line, when your arm is held entirely straight (not bent at the elbow) with palm of hand down on a flat surface. TB-5 will most likely be right on the reference line, two Pouce above the line around the back of your wrist. TB-6 will probably be right on the reference line as well, only three forearm Pouce above the line around the back of your wrist. TB-8 may be slightly off the reference line, at four forearm Pouce above the line around the back of your wrist. Remember that TB-8 is classically forbidden to needle useage! All three points are in a small depression on the thumb-side of the tendon that can be felt moving when the palm of your hand is down on a flat surface and you wiggle your middle finger up and down. [Tip: Forming a loose fist and then bending your whole hand backwards may cause the depression of TB-6 to show up better.]. Mark these three points in!

STEP #5: Point TB-7 is at the same level as TB-6 (and therefore also three forearm Pouce up from the line around the back of your wrist) only closer to the little finger side of the back of your forearm. It is on the radial side of the ulna bone, about three-quarters of a finger Pouce away (lateral) from TB-6. Mark TB-7 in there, in a small depression just between the tendons that move when you hold your hand palm down on a flat surface and wiggle your little and ring fingers up and down individually.

Point TB-9 is located on the dorsal aspect of your forearm, at the level of seven forearm Pouce above (towards the elbow) the line around the back of your wrist, or five forearm Pouce below LI-11 (towards the wrist). It will not be on your reference line but rather about one-and-a-half finger Pouce away from it, towards the little finger side of your forearm. At this level (seven forearm Pouce above the wrist line or five forearm Pouce below LI-11) dig in with your fingertips and try to find the radial border of the ulna bone. TB-9 can be found there in a depression just on the ulnar side of the tendon that moves when you hold your hand palm down on a flat surface and wiggle your ring finger up and down. This point is best located with your entire arm straight (not bent at the elbow) and palm facing downwards. Mark in TB-9.

STEP #6: With your forearm held horizontally in front of you and your arm slightly bent (flexed) at the elbow (greater than ninety degree angle between forearm and upper arm) --- as if you were looking at a wristwatch --- place a finger on the very outermost tip (point) of your ulnar bone (olecranon) --- the part of your elbow that sticks out the very most. From there, slide your finger approximately one finger Pouce up the back of your upper arm (towards the shoulder) and into a distinct depression beside [with arm horizontal] the tip of the elbow, which is where TB-10 is located (in the middle of that depression between two tendons). If you slide your finger one finger Pouce further up the back of your upper arm (towards the shoulder) from the

middle of this depression (TB-10) into a more muscular area, you may be able to find TB-11 at a little valley between the muscles (once you get the right distance away from TB-10, straightening out your entire arm slightly more may help you locate TB-11). With your arm hanging vertically by your side these two points could be described as being about one-half a finger Pouce (TB-10) and one-and-a-half finger Pouce (TB-11) above the very tip of the elbow (the tip of the elbow of course becomes hidden and moves closer towards TB-10 as you straighten out your entire arm). After marking in TB-10 and TB-11, join up TB-4 through to TB-11 with a line, making the appropriate jog off the line and back for TB-7.

STEP #7: Carefully mark in the fifteenth point of Large Intestine meridian (LI-15), reviewing Step #8 on page 8 of Lesson Nine if necessary. Keep your arm stretched out sideways and raised up to a horizontal position (shoulder level). With your fingers feel for a small depression a little more than one finger Pouce straight back (towards the back of your shoulder) from LI-15. This is the rear most depression of the ones that show up on top of the shoulder joint, just in front of and behind the acromion, when your arm is in this position. You may have to dig in a little with your fingers to really get the idea of there being a distinct depression there. LI-15 is in the larger depression in front of the acromion and TB-14 is at the bottom of the smaller one just behind the acromion. Mark it in. With the arm hanging normally at your side, TB-14 would be about one Pouce directly below the outside rear edge of the acromion, and in between two bones --- the acromion itself and the greater tuberosity of the humerus (upper arm bone). This point is best located, and needle inserted [aiming needle towards He-1] with the arm raised horizontally. Although not one of the major or minor points of therapeutic significance, (for which we give indications) TB-14 is one of the most effective points for diseases and troubles of the shoulder joint and its surrounding tissue. Also, pain and paralysis of the upper arm.

STEP #8: Using a wall mounted mirror, join TB-14 and TB-11 up with as straight a line as possible. With your arm hanging normally by your side, TB-13 will be about three to four finger Pouce below TB-14, and on or near this line, in between the muscles (posterior border of m. deltoideus). TB-12 is about mid-way between TB-13 and TB-11, on or near the line, at about four to five finger Pouce up (towards shoulder) from TB-10, again in between the muscles. TB-12 and TB-13 are not very important and a more exact location (such as dividing upper arm into divisions) is not necessary for purposes of this lesson. Mark in their approximate locations along the line.

STEP #9: For the remaining point location Steps, the diagrams on Page 20 of THIS Lesson may be helpful to you. In the top diagram of that page, locate GB-21, which is the only point we have identified for you. TB-15 is the acupuncture point just below GB-21 on the fine short dashed (-----)line that represents the Triple Burner meridian. The location of TB-15 is very difficult to describe in writing, and because of this difficulty as well as this point's usefulness in acupuncture therapy for certain conditions, it is covered in detail at O.I.C.S. Seminars. In describing this point (TB-15) most texts simply state that it is about one Pouce below (behind) GB-21, which isn't of much good to you unless you know exactly where GB-21 itself is. Other authors go through complex measurements to locate this point but they are impossible to do on oneself, and impractical in a clinical setting. If you have any books on acupuncture it might be interesting for you to check out their written locations for this point --- you will be able to appreciate the difficulty in adequately describing this point in a written format.

If you feel the back of your shoulder with your fingers and use the top diagram on Page 20 of this Lesson as your guide, you should be able to come quite close to locating this point in the musculature at the back of your shoulder. Mark in its approximate position using a mirror if necessary. It can usually be

felt as a hard traverse 'ridge', and this point (TB-15) is often found to be extremely painful when finger pressure is applied to it --- this 'tender' or painful characteristic though can be a helpful guide in its localization.*

STEP #10: With your fingers feel behind the lower part of your ear (behind your earlobe) for what could be described as a rounded edge or projection at the bottom of the bone behind the ear. This is called the "mastoid process". Next, with your fingers follow the bottom edge of your lower jaw (mandible), from the front (underneath your chin) all the way around the sides of the lower jaw (towards the ears) up to in front of your ears. Most of the lower edge of your jaw is horizontal, however in front of and below the ear-lobes, it curves sharply upwards to run vertically up in front of the ears. This curve at the back of the lower jaw is called the "angle of the mandible". With these two things covered, we can now go on to describe the location of the next point of this meridian, TB-16. Although not a very important point therapeutically, it is a point forbidden to moxibustion, and you should have a good idea in your mind where it is at.

TB-16 is about one finger Pouce behind and one-and-a-half finger Pouce below the lowest part of the mastoid process, which puts it at about the level of the angle of the mandible (around two finger Pouce behind the angle of the mandible) and near the natural hair line there. In this area you can feel a large muscle which runs to the mastoid process. TB-16 is here, the rear border of (behind) that muscle (sternocleidomastoid). Mark it in using a mirror.

* In people whose conditions are aggravated (worsened) during certain types of weather (dampness, wind, chinooks, cold) this point becomes especially painful when finger pressure is applied to it, a characteristic that is helpful both diagnostically and location-wise. Because of this, De La Fuye (a famous French acupuncturist) named this acupuncture point the "Hygrometric Point", and many acupuncturists simply refer to this point as "The Chinook and Weather Point". Besides upper arm, shoulder and neck (ie. torticollis) problems, this point can be useful in treating many conditions that seem to get worse due to the weather and sudden weather changes (ie. chinooks).

STEP #11: We are not going to locate points TB-17 and TB-20, which are just below and above the ear respectively, and then fill in the two points in between. Mark in TB-17 behind the ear-lobe, in a depression between the angle of the mandible and the mastoid process. This point is best located if you (your patient) are seated, head erect and body upright, with the mouth open. Application of finger pressure at this point should produce a tense, uncomfortable sensation. As with all points around the ear, absolute care should be taken in needling this point, and it must be mentioned that there are several special needle techniques involved with TB-17. Descriptions of this point being in front of the mastoid process or between the ear-lobe and the mastoid process are not correct in that they describe the location of an entirely different acupuncture point, five or more Fen higher than TB-17.

Fold the back of your ear forward as much as possible so that the very top of your ear forms a definite point or tip. Mark in TB-20 in a small depression right where this formed tip of your ear touches the side of your head. This should be at or near the natural line of the hair and probably very close to the highest part of the curve in the natural hair-line circling above your ear. This point is forbidden to needles!

STEP #12: Using a mirror, join up TB-20 and TB-17 with a line around the back of your ear, following pretty well along the contour of the outer rim (helix) of your ear, when it is held down against the bone in back of the ear. Divide this curved line between TB-20 and TB-17 into three approximately equal sections (thirds). TB-18 and TB-19 will be on or near this curved line at about the dividing marks between the three sections. TB-18 then, is behind the ear, in the center of the mastoid process, at the junction of the lower and middle thirds of that curved line joining TB-20 and TB-17. This puts it about one finger Pouce above TB-17. Mark in this point (which requires special needling techniques) and is classically forbidden to moxibustion. TB-19 is behind the ear, at about the

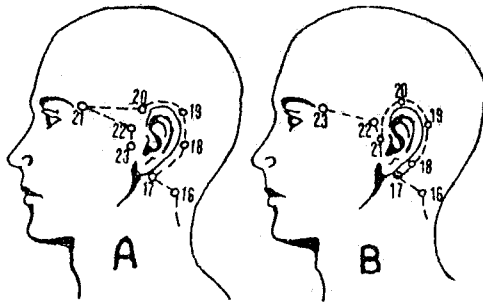
junction of the upper and middle thirds of that curved line joining TB-20 and TB-17. This puts it about one finger Pouce above TB-18, near the natural hair-line. Mark in TB-19, in a distinct valley there, and remember that this point is classically forbidden to needling.

STEP #13: Place the tip of your index finger a little way into the hole leading into your ear canal. The pad of your index finger will then be touching a sort of ridge or wall of cartilage at the front of your ear. This small rounded flap of tissue is called the "tragus". Now place your finger tip on the side of your head immediately in front of the topmost part of the tragus. Open and close your mouth several times and feel for the depression that forms in doing so. You should also be able to feel the pulsing of an artery there. Mark in TB-21 at the depression that forms there when the mouth is open, near the margin of the bone above it. Again absolute caution as well as special needling techniques are needed here.

TB-22 is slightly above and in front of TB-21, on or near the natural hair line there closest to the front of the ear --- no more than one finger Pouce away from TB-21. It is just in front of and at the height of (level with) the front topmost part of your ear that is still attached to the side of your head (not the uppermost rim of the ear, but rather the part of the ear that eyeglasses rest on top of). Mark it in behind the artery (towards the ear) that can be felt here as well. [This is one of the points used in the treatment of color blindness.]

STEP #14: The last point of this meridian, TB-23, is located in a small bony depression on the outer tip (closest to ears) of the eyebrow (although in some cases it may still be within the hair at the end of the eyebrow). To insert the needle here, pinch the skin at this point and insert needle parallel to the skin (usually pointing towards the opposite end of the eyebrow). Moxibustion at this point is classically forbidden. Mark in this point and join up TB-20, TB-21, TB-22 and TB-23 with a line

and then go back and join up TB-14, TB-15, TB-16 and TB-17 with a line, to complete the external pathway of this meridian as shown on current acupuncture charts and diagrams.



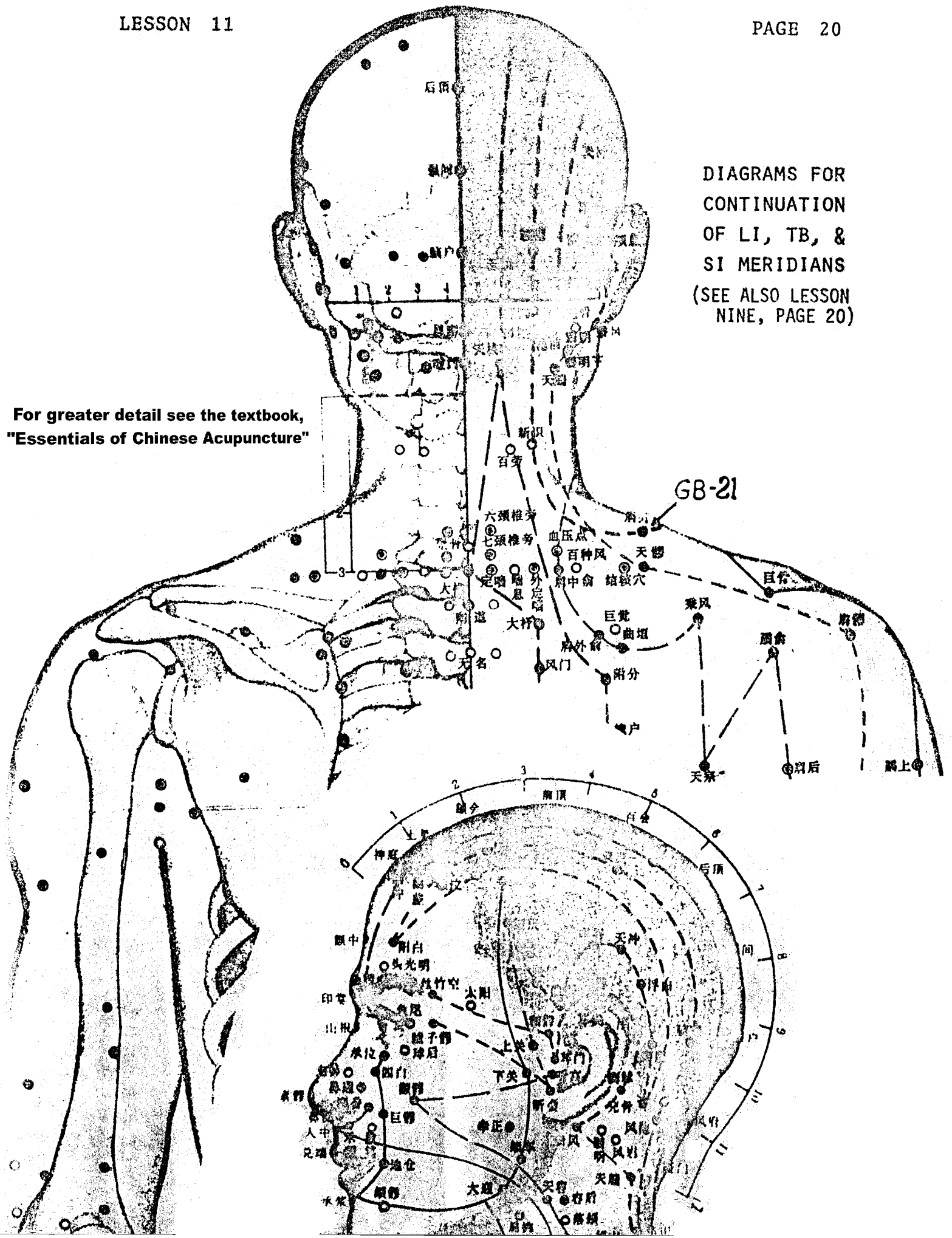
This brings us to the confusion between TB-21 and TB-23, as mentioned earlier in this Lesson, and a moral upon which to end this Lesson. All newer Chinese acupuncture textbooks, diagrams and charts show the course of the Triple Burner meridian as it

is shown in the above diagram on the right hand side (Diagram B). This is also the way that we have given the points from TB-16 on, in this Lesson --- TB-23 is beside the eyebrow and TB-21 is close to the front of the ear. However, the older Chinese text-books, charts and diagrams, as well as most European books and diagrams, and some of the books by North American writers, are based on the meridian course from TB-16 on, as shown in Diagram A, on the left hand side. This means that TB-21 and TB-23 are actually reversed in some acupuncture materials and translations available in the English language. Fortunately, although the numbering of these points may be reversed, the transliterated Chinese name for them remains the same (ie. the point by the ear is always "Erh-Men" whether numbered 21 or 23). The moral of the story is --- LEARN AND USE THE TRANSLITERATED NAMES FOR ALL MAJOR ACUPUNCTURE POINTS and when using printed formulas or point combinations involving one of these points, be sure you know which point is meant. If the author doesn't give a location or its name, you can never be sure! If you are not absolutely sure, don't use that point!!!

NOTE: In regard to the diagrams on the next page, the note at the bottom of Page 13, Lesson Six, applies here as well. First identify as many TB points and color in as much of the TB meridian as possible on the diagram of the back of the arm on Page 20 of Lesson Nine. Then continue where that diagram leaves off, by using the diagram of the head on the next page of this Lesson. As you were only able to identify and color in up to point LI-16 in the diagram that came with Lesson Nine (Page 20) you can now identify and color in some more of the Large Intestine meridian on the diagram of the head on the next page. Why not take your time and do it neatly and carefully?

DIAGRAMS FOR CONTINUATION OF LI, TB, & SI MERIDIANS (SEE ALSO LESSON NINE, PAGE 20)

For greater detail see the textbook, "Essentials of Chinese Acupuncture"



POINTS OF MAJOR AND SECONDARY THERAPEUTIC IMPORTANCE

[Paragraph at top of Page 21, Lesson 9, applies here as well.]

TB-1 "Kuan-Ch'ung" (Pass Flush)

INDICATIONS: Headache; sore throat and larynx; pyrexia (fever); forearm and elbow pain (trouble raising the arm); corneal opacity; anorexia (loss of appetite); vomiting; sometimes useful for emergency care of unconsciousness.

NEEDLE: 1 Fen to 3 Fen [90 or 45 (proximally)] [Bleed]

MOXA: 3 to 12 minutes

TB-3 "Chung-Chü" (Middle Island)

INDICATIONS: Deafness, mutism, tinnitus, headache; swollen and painful throat; pain and paralysis of arm, shoulder and back of shoulder; rigidity in hands, wrist, fingers; vertigo (dizziness); helpful in convalescence; psychical and sexual disturbances; 'toning' point for digestive function.

NEEDLE: 3 Fen to 1 Pouce [90 or 45 (proximally)]

MOXA: 5 to 10 minutes. CAUTION: Avoid tendons needling.

TB-4 "Yang-Ch'ih" (Yang Pond)

INDICATIONS: Pains and disorders of wrist and hand (also after fractures); pains of arm and shoulder; intermittent fever; malaria; diabetes; common cold and chills; displacement of uterus; headache; improve body strength and condition; helpful general point in chronic diseases.

NEEDLE: 2 Fen to 5 Fen [90] CAUTION: Avoid tendons.

MOXA: 3 to 10 minutes WITH CARE.

TB-5 "Wai-Kuan" (Outer Pass)

INDICATIONS: Pain, arthralgia, paralysis, etc. of the arm; headaches (especially that worsen due to weather changes); deafness, tinnitus, etc.; hemiplegia; common cold and influenza; fever; parotitis; toothache; ocular affections; torticollis (neck stiffness and pain); chest or rib pains; good general point for rheumatism; ear acupuncture complementary point (moxa); diseases of temporal region; elbow joint; drug, alcohol and nicotine addiction.

NEEDLE: 3 Fen to 1 Pouce 5 Fen [90 or 45] [Do not needle

MOXA: 3 to 12 minutes. thru EH-6 this direction]

TB-6 "Chih-Kou" (Branching Ditch)

INDICATIONS: Chronic constipation; shoulder and back pain; arm pain and paralysis; fever; swollen and painful throat; chest and rib pain; vomiting; pleurisy; difficulties after childbirth (vertigo, bleeding, fainting); ear acupuncture complementary point (moxa); cardialgia (heartburn); mutism.

NEEDLE: 4 Fen to 1 Pouce 5 Fen [90]

MOXA: 5 to 12 minutes

TB-10 "Tien-Ching" (Celestial Wall)

INDICATIONS: Disorders of elbow joint and surrounding tissue; hemicrania; cervical adenitis, tuberculous lymphadenitis (moxa helpful latter), etc.; pains, spasms and paresis of chest, arm, neck and shoulder; sore throat and coughs; anxiety and mental disorders; general Triple Burner function.

NEEDLE: 3 Fen to 1 Pouce [90]

MOXA: 5 to 15 minutes.

TB-17 "Yi-Fung" (Shielding Wind)

INDICATIONS: Deafness, tinnitus, otitis media and muteness; parotitis; facial paralysis and spasm; pain and paralysis of cheek and jaw.

NEEDLE: (1) 2 Fen to 6 Fen [90]

(2) 7 Fen to 2 Pouce [60, forward and upward] CAUTION

(3) 5 Fen to 1 Pouce [60, slightly downwards] CAUTION

MOXA: 3 to 10 minutes.

TB-21 "Erh-Men" (Ear Gate)

INDICATIONS: Deafness, tinnitus, otitis media, general ear disorders; toothaches; mouth, facial paralysis and spasms.

NEEDLE: (1) 3 Fen to 1 Pouce [90]

(2) 5 Fen to 2 Pouce [45, slightly downwards] CAUTION

(3) Special deafness "piercing-joining" techniques.

MOXA: 3 to 7 minutes.

TB-23 "Ssu-Chu-K'ung" (Silky Empty Bamboo)

INDICATIONS: Headaches and hemicrania; eye disorders and inflammations; facial paralysis, etc.

NEEDLE: (1) 2 Fen to 3 Fen [90]

(2) 4 Fen to 1 Pouce [15, posteriorly or medially]

MOXA: FORBIDDEN