

FIVE DRAGONS  
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LESSON 28  
OF  
31 LESSONS

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

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TECHNIQUE OF ACUPUNCTURE AND MOXIBUSTION

The first part of this Lesson on NEEDLING TECHNIQUES consists of the information given in this section of this Study Guide, and all material covered by herewith specified page references to the textbook as supplied (An Outline of Chinese Acupuncture).

(0) Read the introductory paragraphs of Chapter I, page eight of the textbook. The filiform needles spoken of here refer to the standard stainless steel 'Acupuncture & Moxibustion' needles with the wound handles as illustrated in Fig. 1 (un-numbered page 11) of your text.

## A. THE MANIPULATION OF THE FILIFORM NEEDLE

(1) Read and study Section (1) entitled "General Knowledge", on pages 8 and 9 of the textbook. Delete the number "5.0" in two instances on the second last line of page 8, and substitute "6.0" instead, and on the last line of page 8, delete the numbers "26" and "32", substituting "28" and "34" instead. Twenty-six gauge needles offer a very strong stimulation and are not generally available in North America, and when they are, they're used mostly for 'Scalp-Needling' therapy. Other than this, the filament needles are available in all half-inch increment lengths from one-half inch, right through to six inches. The most commonly used needle is thirty gauge, one-and-a-half inch. Add the figures "34" and "0.20" to the right-hand side of the table at the top of page nine, to cover the addition of the Gauge and approximate Diameter respectively, for the 34 gauge needles. As far as gauges are concerned, the lower the gauge number, the thicker the needle, and thus a 30 gauge is thicker than a 32 gauge needle. Also underscore the first line of the first paragraph on the top of page 9, namely: "Thorough inspection of the needles should be made before use."

The textbook offers no instructions for the sterilization of needles. Professionals in the health care services are certainly aware of autoclaving procedures. However, absolutely no infection has ever been recorded by use of needles having been thoroughly sanitized and wiped with 75% isopropyl alcohol before and after usage. After use and when the needles are first purchased, unless the package states sterilized, the needles should be soaked in warm 75% alcohol in a covered dish, 15 to 30 minutes, or, boiled in water for no less than 10 minutes. The needle itself must be wiped with alcohol moistened cotton balls before each insertion on the same patient. At this point we must also make the following very clear: DO QUESTION THE PATIENT BEFORE TREATMENT ABOUT ANY HISTORY OF HEPATITIS OR JAUNDICE. The needles to be used on those patients should be carefully discarded to avoid transmission of these diseases to other patients, as the sterilization techniques mentioned above will not disinfect the needles contaminated with them. Some acupuncturists reserve the individual needles for use only by that patient during his remaining treatment schedule, however O.I.C.S. recommends discarding of such needles carefully after each treatment of a patient who has, or has had a history of hepatitis or jaundice, to eliminate any chance of error. Under-score in your textbook, the first line of the third paragraph of page 9, "Before treatment, sterilize the skin on and around the point with 75% alcohol," (best use isopropyl alcohol).

(2) Read Section (2) entitled "How to Practise Needling" on page 9, and underscore in your textbook the words "directly affecting the therapeutic results", in the third and fourth lines of its first paragraph. Also add to your text at the end of the first sentence, last paragraph of page 9 the words "or on a cucumber.", as this vegetable is another good item to practice your needling on. And in that paragraph's last sentence, underscore "the doctor should practise acupuncture on himself in order to experience the needle sensation." It is generally conceded that for some reason, needling yourself does not impart a very strong stimulation, nor have much of a therapeutical effect. In other words, there may be some kind of a built in safeguard to prevent damaging yourself energetically in practicing needling on yourself. This does not mean that one cannot use needles to treat oneself, however it may take considerably more treatments to do the job.

(3) Read Section (3) entitled "Inserting and Manipulating The Needle", on pages 10 to 13 of the textbook. Study the instructions given in its subsection #1 (Method of Inserting the Needle). This covers the basic procedures quite thoroughly and there is nothing much to add.

Under subsection #2 (Manipulation After Insertion of Needle) on page twelve of the textbook, study the instructions thereof and add the following to your text: Underscore in paragraph a., fifth, sixth and seventh lines the words "This method is not indicated...by large blood vessels deep beneath." Underscore in paragraph b., third, fourth and fifth lines the words "If the needle is rotated...cause pain to the patient" AND ADD to the end of that sentence the following words: "Needle should never be rotated (twirled) in a complete circle (360 degrees), but rather no more than sixty degrees in either direction." Underscore in paragraph c., second paragraph thereof, second line, "after the needle enters the skin to a certain depth, to explore the needling sensation".

Carefully read the instructions given in the "Appendix" on page thirteen. Do not however believe that acupuncture should not cause pain, for it does, and the pain many times is simply unavoidable.

(4) Under Section (4) in your textbook on pages 13 and 14, study the instructions as given. Pay particular attention to the definitions of 'shi' and 'xu' given in the footnote at the bottom of page 14. Under point #5 of that section, entitled "Even Movements" on page 15, study the instructions given, noting how the various types of stimulation (weak, strong, etc.) relate to the type of diseases that are either of the 'shi' or 'xu' nature. In other words, diseases of the 'shi' nature are more or less treated by strong stimulation (sedation), while diseases of the 'xu' nature are treated with weak stimulation (tonification). Also realize that this type of treatment is of recent origin and part of China's more modern approach to acupuncture.

(5) Study Section (5) page 15 and 16 in your text entitled "Acupuncture Sensation And Therapeutic Effect". In the last paragraph of page 15 underscore "deqi"...the normal reaction to acupuncture". Also on page 16, in the third paragraph, underscore the words "Clinically, the degree of stimulation does not depend solely upon whether a strong ...but chiefly depends upon the patient's reaction to needling."

(6) Study the instructions under Section (6), subsection #1 (The Direction of the Needle) on page 16 and 17 of text, paying particular attention to the following: On the O.I.C.S. Indication Sheets (pages at the end of each meridian Lesson giving the Major and Secondary Points of Therapeutic Importance) after the word NEEDLE and the corresponding needle depth range, there are numbers such as 90, 45 or 15 given in square '[' ]' brackets for many of the points listed. These numbers refer to the direction of needle insertion as shown in Fig. 2, page 17 of the textbook. The center diagram of that Figure (oblique) relates to our [45] and the diagram on your right-hand side (horizontal) relates to our [15]. If we do not specify any such square bracketed figure for some points, the insertion is generally done perpendicularly [90] or is at the discretion of the acupuncturist. The needle insertion for specified points, ie [45], does not have to be exactly 45 degrees as you may want to use 30 or 60 degrees instead, but rather represents a suggested guideline for the practitioner.

Under subsection #2 entitled "The Depth of the Needle Insertion" on pages 17 and 18 of the text, note although there is no absolute standard for the depth of needle insertion in acupuncture, that the depth of needling in some instances can make a real difference as to what effect YOU want the stimulation to have. For instance, in Lesson 19, pages 4 and 5 on the Kidney meridian and Chung Mo channel relationship on the abdomen, the depth of needle insertion will directly determine which of these two meridians you are affecting. This would also apply to Sp-6 for example, which has three Yin meridians crossing at that point, on three different levels of depth. The needle depth range given in the program for Major and Secondary points, ie. 5 fen to 1 Pouce 5 Fen, must be used in consideration of the body build and type of the patient --- such as the minimum 5 fen for a very skinny person and the full 1 Pouce 5 Fen for a very heavy-set or fat person. NEEDLE DEPTH RANGE INFORMATION AS GIVEN IN EACH MERIDIAN LESSON FOR THE MAJOR AND SECONDARY POINTS SUPERCEDES ALL INFORMATION GIVEN IN THE TEXTBOOK IN THIS SECTION ON 'THE DEPTH OF THE NEEDLE INSERTION'.

(7) Under Section (7) titled "Retaining and Manipulating The Needle" on page 18 of the text, study the general guidelines as given, and remember that basically in regard to the time factor, shorter insertion time gives more of a tonification effect, and longer insertion time gives more of a sedation effect. Extremely long time needle retention (strong sedation) results in, and is often used for analgesia (surgical operations done with acupuncture as the "anesthesia" method). In our opinion the length of time the needle is retained is one of the major factors for creating a tonification or a sedation effect on a given acupuncture point.

(8) Under Section (8) titled "Management Of Accidents Which May Occur In Acupuncture" on page 19 of the text, study the instructions as given, supplemented with the following O.I.C.S. material: Underscore in your text on page 19, first paragraph, lines three to six, the words: "To new patients having acupuncture for the first time and .....by explaining patiently to them the procedure of acupuncture.", AND ADD to your text there the following words: USE WEAK (MILD) STIMULATION FOR THESE PATIENTS IN THE FIRST TREATMENT.

Under subsection #1 (Fainting) on page 19, add to your textbook the descriptive terms for fainting used by other authors such as: "Acu-syncope, Acu-shock, and Needle Sickness". Underscore in your text the whole paragraph on page 19 titled "Cause" ("Nervous tension; ...excessive stimulation, etc."). On that same page in the next paragraph titled "Management", underscore the whole first sentence ("The needle should be removed immediately...deficiency of the cerebrum".) At the end of this paragraph ADD THE FOLLOWING to your text: KEEP THE PATIENT WARM. IF UNCONSCIOUS PLACE A WARM COMPRESS ON THE FOREHEAD.

In addition to the text, we want to add other techniques used by some practitioners for management of fainting. In the more severe cases, the use of a needle to puncture gently at St-36 and LI-4 (Ho-Ku). Moxibustion may also be applied to Go-20 (Pai-Hui) and St-36 to help recovery. Other practitioners use St-36 for fainting from needling through using points on the upper parts of the body, and use LI-4 (Ho-Ku) and Go-26 to help recovery from fainting resulting from needling on the lower part of the body. MOST OF THE ADVERSE REACTIONS CAN BE PREVENTED BY OBSERVANCE OF THE CONTRA-INDICATIONS TO ACUPUNCTURE AS GIVEN IN THE NEEDLE CONTRA-INDICATIONS ON PAGE 6, THIS LESSON.

Study subsection #2 (Stuck Needle) on pages 19 and 20 of the text. The first paragraph of that subsection gives the symptoms of a stuck needle. First follow the management instructions on the top of page 20. If the needle still cannot be removed because the muscle tissue is very tense, insert a second needle at a nearby point, preferably on the same meridian, and perform a gentle push-pull motion for a short period of time. Have the patient relax and breathe evenly. Many times just breathing correctly and gently massaging around the acupuncture point will release the needle itself as this relaxes the muscle tissue. NEVER TRY TO REMOVE A NEEDLE BY FORCE AS THIS CAN CAUSE BREAKAGE OF THE NEEDLE and strong pain for the patient.

Under subsection #3 (Bent Needle), page 20, both of the entire paragraphs listed after "Cause" and "Management" should be underscored as this is the general consensus used by the better practitioners. Bending will especially tend to happen when needling is applied to the lower back. In the paragraph titled "Management" and after the words "following the direction of the bend" of the first sentence, ADD "in an oblique manner." to the remainder of that sentence.

Study subsection #4 (Broken Needle) page 20. Turn back to page 17 of your text to Fig. 2, showing needle directions. These needles have two main parts. Mark in your text that the part that has the winding or wrapped shank of the needle is termed the "handle". The actual needle part that is inserted into the body is termed the "body". The most common site at which the needle will break is where the handle and the body meet. With that noted, underscore in your text, second last line at the bottom of page 20 the words: "the body of the needle should be exposed about 0.3-0.5 inches above the skin." With the use of high quality, stainless steel, silver wrapped (wound) handled needles, your chances of breakage will certainly be greatly reduced. You will invariably have some problems especially with the disposable, all stainless steel, American made needles. And, if you are going to practice acupuncture versus Electro-Acupoint Therapy for instance, we suggest you obtain some high quality forceps, just in case. Also underscore in the "Management" paragraph of subsection #4, the words: "the doctor should be calm and advise the patient not to move."

Add these suggestions to supplement your text in regard to Broken Needles. If the broken needle is buried deeply in the hand or foot and if it can penetrate through the opposite side, you can rub at the site of insertion and push it through until it is accessible to removal on that opposite side. This can sometimes apply to the limbs as well. Points like Sp-6 and EH-6 can be used in this manner. If there is bone underneath the broken needle and it is close to the surface, you can press around the inlet of the insertion with firm pressure until the broken end of the needle backs up and is exposed, then remove the broken body of the needle with your forceps.

Under the section titled #5 (Management of Inadvertent Injury To Important Organs), page 21, study thoroughly the instructions given and take note of the following suggestions and information. Underscore on the first paragraph, page 21, the entire first sentence: "If an important organ is accidentally injured.....and take emergency measures at once."

To supplement part marked "a.", on page 21, regarding "The Lung", there is a possibility of puncturing the chest cavity at the following locations with improper direction of the needle or incorrect depth:

- (1) Any location above the tenth thoracic vertebra;
- (2) On the sides of the chest above the eighth rib;
- (3) Above the sixth rib on the front of the chest.

Puncturing the chest cavity is medically termed pneumothorax. This is the entry of air into the chest cavity, normally maintained in a vacuum state for purposes of inhalation and exhalation. In North America, it is advisable to hospitalize the patient, immediately.

Under the part marked "b." of page 21, underscore in your text: "a physical examination of the patient should be performed in order to diagnose any abnormal changes in the internal organs" in the first sentence.

Under the part marked "c." in your text on page 21, add the point GB-20 to the other such points. When acupuncture is performed above the first lumbar spine, it is possible to puncture the spinal cord which will cause an electric shock that will radiate down the extremities. Usually no serious harm will be done if the cord is only injured slightly. Such methods as lifting and thrusting should be done with extreme care, especially on patients that are schizophrenic. If too strong a stimulation is applied to the spinal cord, the patient will experience a temporary paralysis of the extremities.

Under part marked "d." on page 21, underscore in your text the words "avoid puncturing large blood vessels" in the first sentence. For the management of such an injury, add the following to the bottom of that page in your text:

- (1) Injuries to small blood vessels: A piece of sterile gauze or cotton should be used to exert direct pressure to the bleeding area.
- (2) Bleeding in the eye region: Direct a cold compress over the bleeding area until the bleeding is checked, then direct a warm compress over the area to help absorption.
- (3) Bleeding in the abdominal cavity: The patient may have abdominal pain but it will be healed within a few days of bed rest. It is best to have them consult their physician however.

CONTRA-INDICATIONS FOR NEEDLE ACUPUNCTURE

1. Do not treat patients that are intoxicated with any kind of alcohol or other types of stimulants, depressants or narcotics.
2. Do not give treatment to patients immediately before or after the use of strong medications or hypodermic injections.
3. Do not give treatment when the patient is extremely hungry or thirsty, or within one hour after a heavy meal.
4. Do not treat immediately before or after sexual intercourse.
5. Do not treat within 1 hour before or after bathing or showering.
6. Do not give treatment during states of extreme fatigue, emotional excitement, extreme grief, during the height of the menstrual period or within 30 minutes of exercise (ie. climbing stairs).
7. Acupuncture on pregnant women after the sixth month is not advised. Special precaution is required when needling the lower abdomen during the first three months of pregnancy, and after this period use extra precaution when needling the upper abdomen, waist, upper back and buttocks as well. O.I.C.S. recommends that needling of pregnant women be done only by masters of acupuncture.
8. Treating legally defined, contagious diseases is not advised in North America (ie. smallpox, measles, diphtheria).
9. Precaution should be taken when needling areas of the face, abdomen, neck and thorax. It usually is better to be too superficial in needle depth in those areas than too deep.
10. Treatment of infants with needles is not advised (ie. fontanel).
11. Do not needle or bleed hemophiliacs or patients with hemorrhagic disorders.
12. Precaution should be taken with patients who have extremely high blood pressure, congestive heart disorders and circulatory disorders in general (especially using the heart meridian).
13. Do not needle areas of skin wounds, ulcerations, skin burns, swellings, tumors, moles, birth marks, or disfigurements of any kind.
14. Acupuncture should be limited during extreme, adverse weather conditions (ie. electrical storms, tornados, heavy rain or snow).
15. Acupuncture should not be practiced with unclean hands, in unclean surroundings, and with non-sanitized instruments.
16. Acupuncture is generally not as effective on patients that are using steroid type drugs (ie. cortisone, birth control pills), or who have recently had diagnostic or therapeutic X-rays.
17. Generally, the best practitioners do not needle more than eight points (sixteen total bilaterally) in a given treatment session, as more than that can be counter-productive to therapy.
18. The most favorable times of the day for acupuncture are the morning and the end of the afternoon, and the least favorable times of the month are periods of full moon and new moon.

The second part of this Lesson contains information about the uses and methods employed on the THREE-EDGED NEEDLE (also termed the PRISMATIC NEEDLE) and information on "PLUM-BLOSSOM" NEEDLE Therapy. This part of the Lesson consists of all material covered in this section of the Study Guide and the specified page references to the textbook as supplied, pertaining to OTHER ACUPUNCTURE METHODS (Part B of Chapter I) starting on page 22 of the text.



(1) THE THREE-EDGED NEEDLE (Prismatic or Triangular Needle)

In the O.I.C.S. Indication Sheets at the end of each meridian Lesson, the square bracketed information [Bleed] is given for some points. This refers to the fact that three-edged needling is especially effective on that point under the proper indications. Study page 22 and the top of page 23 of the text. Pay particular attention to the "PROMPT PRICKING METHOD" in subsection #1 (Methods of Manipulation). Mark in your text that it is the Method of Choice. Underscore in the paragraph regarding the prompt pricking method the words "about 0.1 inch" and "then squeeze out a few drops of blood" but delete the word "few" in the latter and substitute the numbers "1 to 3" instead. Regarding the 'slow pricking method', use it only when necessary or when the prompt pricking method has failed. Underscore in the slow pricking method paragraph the words "superficial venous pricking", "0.1 inch deep" and in the last sentence of that paragraph "sterilized cotton ball." As far as the types of disorders that this method is indicated for, generally follow subsection #2 (Indications) on page 22. Underscore the last line on page 22 and look up the word 'asepsis', and underscore the first paragraph at the top of page 23. Do add to your text at the end of the first paragraph on the top of page 23, the word "hemophiliacs". One of the questions you should ask before you perform any type of puncturing on a patient is whether they are a hemophiliac.

(2) THE "PLUM-BLOSSOM" NEEDLE (Or Seven-Star Needle)

Study this section (2) of the textbook on pages 23, 24 and 25. Traditionally when such a hammer or pipe shaped needle is made up of five needles it is called a 'Plum-Blossom' and when it has seven needles it is called a 'Seven-Star', however the two terms are used interchangeably in more modern times. In the first paragraph of subsection #2 (Manipulation) near the bottom of page 23, underscore the last two sentences, starting "The tapping should be precise....." and ending with the words "press the needles into the skin". Note the word "not" in that last sentence and add in the margin near it the words "DO NOT CAUSE BLEEDING". Follow the remainder of the instructions as given in the text on page 24 but delete the words "until slight bleeding occurs" in part "c." (The affected area:), substituting the words "heavy tapping" instead. We strongly recommend you employ the Plum-Blossom needles as a NON-PIERCING METHOD, and thus at no time should you cause bleeding. The best therapeutical useage of it is administered on a meridian (channel) or acupuncture points basis rather than tapping general areas or spots. Underscore fully paragraphs "b." and "c." of part #5 (Remarks) at the bottom of page 24. Add to paragraph "c" the words "nor burns or skin infections".

Seven-Star or Plum-Blossom "needling" is a very effective means of stimulation even when used on a non-piercing basis. The trick is to get your wrist action and tapping rhythm perfect, which takes a little practice, but once you get it right, you have at your disposal a very powerful therapy method. As mentioned in Lesson 23, page 8, the Plum Blossom needle is particularly effective on the Huatuojiuji (Extra 21) points. Some very interesting research has been performed using the Plum Blossom needle along the spine in place of spinal manipulation for relieving vertebral subluxations (spinal displacement) as utilized in both chiropractic and Chinese manipulative therapy.

The last part of this Lesson is on MOXIBUSTION and consists of the information given in this section of the Study Guide, as well as all material covered by herewith specified page references to the textbook as supplied.

Read the introduction to part "C" entitled "MOXIBUSTION" at the top of page 28 of the text. Write in the margin of your textbook that "Artemisia Vulgaris" mentioned in the second paragraph is also commonly known as "mugwort". Underscore in that second paragraph's last sentence the words "the older the moxa-wool the better." Underscore in the third paragraph of page 28, the words "but the cone form is seldom used today.", in its last sentence. Continuing the rather short introduction as given in the text for this part, please note that: Moxibustion is a very effective as well as economical method of treatment. We will list a number of diseases or conditions in this Lesson that are optimally treated with moxibustion. In fact, it can be said that MOXIBUSTION AND ITS TREATMENT METHODS CONSTITUTES ALMOST HALF OF ALL OF ACUPUNCTURE THERAPY (remember the 'needle and burn' character symbols on Page 1 of Lesson One?). Virtually every traditional acupuncturist employs moxibustion therapy clinically, in one form or another. In the Chinese medical classic, the Nei Ching, it is written that: "When a disease cannot be treated by acupuncture, it may be treated by moxibustion." In other words, moxibustion therapy is suitable to replace or augment acupuncture, especially for the diseases or conditions (71) we list at the end of this Lesson.

According to Chinese herbalists, the moxa herb has several main properties. Its therapeutic 'flavors' are bitter and pungent, with its 'energetic properties' being rather warm. Some of its more important functions are:

- (1) To warm up all twelve principal meridians and disperse the cold energies in the body.
- (2) To support the Yang energy in the body. It assists and strengthens the Wei energy, thereby assisting in keeping perverse energy from entering.
- (3) Moxa's properties facilitate the movement of the body's ch'i and blood. Scientific research from Japan has shown that moxibustion at certain acupuncture points can raise the red blood cell count by one million over a twenty-four hour period, with the count being maintained up to three or four months. Thus, moxibustion is useful in treating circulatory disorders, hemorrhaging and "energizing" the heart (Fire-bitter).
- (4) Since moxa's action involves all twelve principal meridians, it has the property of clearing blockages and thereby promoting and preserving the health of the body. Moxa is also considered by some authorities as having the function of increasing the basal metabolic rate.

We might add that Chinese researchers recently attempted to replace the use of the moxa herb with a heat producing electrical device (sort of a modified soldering iron) because they felt it was strictly the thermo-stimulation effects of the herb that were responsible for the therapeutic action. However their clinical results dropped dras-

tically when they used the electrical device in therapy instead of the actual moxa herb. Further experimentation proved that there is some therapeutical property to the actual herb itself that is 'absorbed' by the skin under the 'assisting' action of the heat, and that it is not just the heat that does the job. They have since given up on the electrical devices and research is now being conducted to find out the biochemical effects of the smoke that penetrates the tissues and consequently the acupuncture points. Traditional practitioners have tried to substitute many of the other herbs in the Chinese Pharmacopeias, but have found none better for external cauterization than the classically indicated moxa herb. However, as explained later, when mixed with small amounts of special medicinal herbs, an even more powerful therapeutical effect is produced.

There are basically three forms of moxa used externally in clinical acupuncture practice, as discussed below:

(1) BULK MOXA HERB: This pure moxa is best suited for the making of moxa rolls, but is usually versatile enough to be used for "Moxa Balls" on the handle end of inserted needles, and for indirect moxibustion techniques. It is not recommended for direct moxibustion methods.

(2) PUNK TYPE MOXA HERB: This type of quantity packaged pure moxa as exported from the People's Republic of China is a well-aged and culled variety best suited for "Moxa Balls" on the handle end of an inserted needle, and for direct or indirect moxibustion techniques. It can also be used to make moxa rolls if desired, however such rolls should be considerably thinner than the usual commercially made rolls.

(3) The third form are the various commercially prepared types of MOXA ROLLS, of which we will only introduce the three O.I.C.S. recommended varieties exported from the People's Republic of China, which are:

---PURE MILD MOXA ROLLS: Standard rolls of pure mild bulk moxa herb, pre-rolled in white 'cotton' paper, and of substantial age.

---TAI-I MOXA ROLLS: Prepared from pure mild moxa combined with several kinds of valuable medicinal herbs, and pre-rolled for convenience. The formula has been utilized for over one thousand years. It burns hotter (with a more intense heat) than the Pure Mild Moxa Rolls and has a stronger therapeutical action.

---NIEN-YING MOXA ROLLS: These pre-formed rolls are developed from the formula of the Tai-I Moxa Roll, and contain several other kinds of valuable medicinal herbs. They burn a bit hotter than the Tai-I Moxa Rolls, and have the strongest therapeutical action of all three.

Clinically, Pure Mild Moxa Rolls will handle about 75% of the patients for which moxa is indicated. For those persistent and difficult cases, you will need to employ the slightly more expensive, but stronger acting Tai-I or Nien-Ying Moxa Rolls (also called Sticks).

(1) Study the instructions on the bottom of page 28 of your text entitled DIRECT MOXIBUSTION. On the bottom paragraph of that page regarding the "scarring moxibustion" method, note the last sentence and DELETE that whole paragraph from your textbook. This method will result in permanent scars and pain to your patient, and yet is not much more effective than the non-scarring moxibustion method or the indirect warming method with the moxa rolls. The scarring method does not have O.I.C.S. recommendation in North America.

(2) Study instructions given under the heading INDIRECT MOXIBUSTION on pages 29 and 30 of the textbook. Add to your text the words "preferably sea salt" after the words "layer of salt on the point" in the first line on page 29. Sea salt is obtainable at any health food store. Also, under Section #1 (Indirect Moxibustion with Ginger) add to your text the following: "Due to ginger's warm properties, it has the extra power of dispersing coldness and 'warming' the stomach, even when used externally."

Under section #2 (Indirect Moxibustion with Garlic) study the instructions as given. Add to your text there, that the garlic juice may cause irritations and a burning effect. If this happens, remove the cone and garlic and apply another type of indirect moxa or discontinue that type treatment. Since garlic has antiphlogistic (counteracting fever and inflammation) and disinfecting properties, add to the text the following additional indications under this Section: "External wounds, bruises and boils in the early stage, BUT NOT TO BE DIRECTLY APPLIED ON THESE." (of course!).

Study the instructions as given on the top of page 30 under Section #3 (Indirect Moxibustion with Salt). Underscore in your textbook the first sentence stating "This is mainly applied in the umbilicus." After the word "salt" in the second sentence add the words "(preferably sea salt)". At the end of the first paragraph of that Section add the following additional indications: "Also stroke, excessive hemorrhage, pale complexion, cold extremities, weak and small pulses, and exhaustion of Yang energy." The reference to page 254 given in that paragraph is in error, and should read "see page 258" instead.

(3) Delete the entire paragraph given in your textbook under the heading entitled (3) MOXIBUSTION WITH MOXA-STICK, and study the following instructions instead.

The words moxa stick and moxa roll can be used interchangeably. Commercially pre-rolled moxa is formed into cigar shaped sticks about 20 cm. in length and approximately 2 cm. in diameter, wrapped with special cotton fiber paper. You ignite one end of the stick evenly all the way across one end. You can leave the outer paper label on the stick, but it is important to get the lighted end burning nice and evenly before use. The moxa burns almost completely leaving very little residue, and as a result there is little danger of ashes falling on to the patient and thus burning them.

If you wish to 'roll your own' sticks, in order to get a smaller diameter (less intense heat) roll, or for economy reasons, use a good grade of bulk moxa (O.I.C.S.-type bulk moxa for this purpose is available in one pound quantities. The 250 gram quantity is now available only in the punk type moxa herb). DO NOT use rice paper or cigarette paper (which burns too quickly) but rather Chinese writing paper or Mulberry Bark Paper, obtainable in the larger North American Chinatowns. To extinguish the burning moxa stick after use, either make a smooth cut a little behind the burning stick with a sharp knife (ie. Exacto) dropping the burning part into a ceramic ashtray, or smother it out inside a small-necked glass bottle. Some acupuncturists dip the burning end into a little bit of water to extinguish it, but then the stick must be dried out before re-lighting. The commercially made sticks burn for thirty minutes or more.

Once you've got the roll (stick) burning nice and evenly, you use it to warm the acupuncture point. The distance that it is held away from the acupuncture point to be treated depends on the patient. THE PATIENT SHOULD FEEL A COMFORTABLE HEAT, BUT NOT AN EXCESSIVE OR INTENSE HEAT. This distance is usually about one-half inch to one-and-a-half inches, depending upon the kind of stick used and the patient's tolerance.

There are four main ways to utilize the moxa sticks (rolls):

(1) STATIONARY WARMING: Once the patient begins to feel the warming sensation, the moxa roll is held steady, right over the acupuncture point, to impart a constant, yet comfortable warmth. This method is particularly employed in treatment of abdominal pains, diarrhea, cases of debility, and stuffy nose.

(2) SPARROW-PECKING WARMING: The moxa roll is manipulated in an upward and downward motion right above the acupuncture point to produce varying warmth. When the moxa stick is in the downward position, do not lift the roll until after the patient feels the warming sensation. When it starts getting slightly uncomfortable for the patient, lift the stick up (and thus slightly further away from the point) for a couple of seconds, then bring it back down to again direct further heat into the acupuncture point. Repeat this 'up-down' pecking process in a slow and even manner, over and over again. This method is usually employed for cases of paralysis and 'blackouts'.

(3) CIRCULATORY WARMING: When the correct distance has been obtained for the proper warmth, the moxa stick is rotated in a circulatory manner around the acupuncture point, or in a back and forth manner over the acupuncture point, to offer a greater area of stimulation. This method is particularly used to treat skin diseases, muscle spasms, cramps, and areas of localized pain.

REMARKS: Any of the above three methods can be employed for the treatment of a given disease or condition amenable to moxibustion. The choice is left up to the discretion of the practitioner and the tolerance of the patient. The general idea with them is to get the skin to a pinkish-redish color, which indicates that some stimulation has taken place. **THE BURNING END OF THE MOXA STICK MUST NEVER OF COURSE TOUCH THE SKIN DIRECTLY!**

(4) CLOTH BUFFER WARMING: Seldom used, but when used, generally only with the Tai-I and Nien-Ying Moxa Rolls. METHOD A: Wrap the lighted end of the roll in a piece of cloth one foot square, that has been folded into eight sections, and apply the now covered burning moxa roll directly to the selected location or where ever the pain is. Ensure that the location is not made too hot so that the herbs can penetrate into the muscles for better results. OR, METHOD B: Take a piece of cloth one foot square and fold it into eight sections, and place it on the selected location. Then quickly heat the location directly through the cloth, until slightly uncomfortable for the patient, and remove the roll immediately for a short while. Then repeat this six times. After this, invert the moxa roll and with the unlighted end press the location until the heat from the earlier applications can be felt rising through to the moxa roll. The period of inversion should be equivalent to that of the heating period. Repeat this entire process five to seven times. Allow the patient to rest after applying this procedure to permit the herbs to work.

Now that you are familiar with the ways in which one utilizes the moxa rolls, let's have a look at the actual stimulation procedure. On the O.I.C.S. Indication Sheets at the end of each meridian Lesson, after the word "MOXA:", a time factor is given in minutes for most points. This stated time factor (minutes) is the average treatment time range to be used on that acupuncture point per treatment session. THAT TIME FACTOR APPLIES ONLY TO MOXA STICKS (ROLLS) WHEN UTILIZED AS DISCUSSED IN THE FIRST THREE WAYS ON THE PREVIOUS PAGE, AND NOT TO ANY OTHER FORM OF MOXIBUSTION. Say for example that a certain point has the designated time of "2 to 10 minutes". The number 2 implies the average time for weakest (minimum) effective stimulation, while the 10 implies the strongest (maximum) stimulation time for that point. Naturally the patient's physical build, illness, age, constitution and tolerance must be taken into consideration, in application of those times. IN EFFECT THEN, THE FIRST LISTED TIME IS THE MINIMUM REQUIRED TO OBTAIN A TONIFICATION EFFECT, HALF WAYS IN BETWEEN IS THE TIME REQUIRED TO OBTAIN A WEAK SEDATION EFFECT, AND THE LATTER LISTED TIME IS THE MAXIMUM SEDATION TIME, ON A RELATIVE BASIS. Naturally too, how close you are to the point with the burning end of the moxa roll, the type of moxa roll, the thickness of the moxa roll, etc., can make a big difference as well.

Please take note of the following: The time range given in the program for moxa sticks does not necessarily have to mean sustained stimulation per acupuncture point in a given treatment, but rather can be cumulative. If the patient can tolerate the entire "dose" of stimulation at a given point all at once, fine. But if some longer times (ie. 10 minutes or more) are involved for example, you may have to administer the stimulation over the course of an entire half hour or forty-five minute treatment session, a little bit at a time. If you have a few points to stimulate in a given treatment session, say three points bilaterally (total of six points), you can start by stimulating (heating) one point until the patient starts to feel the warmth as unpleasant or until the tissue turns pink or red, then go on to treat the next point in the same manner, and so on. Return to the first point after you've finished some or all of the rest of the points to be moxa'd and give it some more stimulation, then the next one, and so on, until the appropriate stimulation times (modified to individual circumstances) have been attained for each individual point. This method also imparts a cumulative yet effective method in which to treat during an individual session, and fulfills the time requirements for each and every moxa'd acupuncture point as indicated.

When utilizing moxa rolls as discussed in the first three ways on the previous page, we suggest that the stick be held with the thumb and index finger, like you would hold a pencil. As you are holding the burning moxa stick in a pencil-like fashion over the acupuncture point, place the last or fifth finger (the little finger) of that same hand in close proximity to the acupuncture point, and on the skin surface you are treating. This will not only give you a way to steadily brace your hand holding the moxa stick to maintain proper distance away from the point, but will also allow you to feel with your little finger just how much heat is being absorbed, so as to avoid burns (an easy thing to do even with moxa rolls). Naturally you do not want to

hold your little finger too close to the acupuncture point being heated, or it will be constantly 'treated' as well. We suggest you keep it about as far away from the point as the burning end of the stick is being kept away from the surface of the skin or acupuncture point.

It is paramount that you practice moxibustion on yourself to get a good idea of the sensations produced by moxa stimulation, and learn how to avoid burns and blisters on your patients. Generally when the patient feels a stinging, burning pain from the moxa rolls, continued stimulation will probably result in blisters and burns. Because you have to be there, actually holding the moxa roll, and thus can quickly pull it away should it become too uncomfortable for the patient, we recommend moxa rolls over any other form of moxibustion administration, and although it is the most expensive way of administering moxibustion, it is the least likely method to produce blisters or burns. It is for this reason that O.I.C.S. does not recommend direct moxibustion methods, especially the scarring method, regardless of its use by acupuncturists right to this day. It is this Institute's consensus that the results from direct moxibustion (cauterization) are not much better than the indirect methods, especially considering all of its disadvantages. When blisters or burns do occur, discontinue the use of moxibustion on the inflamed area and handle it according to normal orthodox procedures, always observing asepsis.

(4) Read the instructions given in Section (4) on page 30 of the text entitled "MOXIBUSTION WITH WARMING NEEDLE". Add to the indications as given at the end of that paragraph the words "and any diseases of the cold (xu) type". Also note that not only can a "Moxa Ball" be fashioned and employed on top of the needle handle, but you can also cut off a half-inch or so off the end of a moxa stick and slide it neatly onto the top of the needle's handle. All this is done after the needle is inserted. A piece of paper with a small hole in it should be placed around the needle on the skin surface to catch any falling embers or burning pieces, so that the patient does not get burned.

(5) Study Section (5) on the bottom of page 30, entitled "REMARKS". Under its subsection marked "c.", add the following contra-indications to your text: "around the heart, around the eye, ear, nose, face and genitals, around place where blood vessels and tendons are localized superficially."

Under its subsection marked "d", add the following contra-indications to your text: "when the patient is too hungry or full, and when intoxicated. Special precaution is advised during pregnancy, and moxibustion is contra-indicated entirely on the head of patients with high blood pressure.

NOTE: Study of the information given on pages 26 and 27, as well as 31 and 32 of the text is optional, and does not constitute part of this Lesson, nor is it subject to testing for final examination purposes.

ON THE FOLLOWING PAGE ARE LISTED THE SEVENTY-ONE MOST COMMON DISEASES OR CONDITIONS TREATED WITH MOXIBUSTION THERAPY. Although by no means a complete listing of diseases amenable to moxibustion ther-

apy, this listing offers the practitioner a good basic guideline as to when moxibustion might be more favorably employed than some of the other acupuncture methods. Listing of a certain condition here does not however mean that it cannot be treated with the other acupuncture methods, either alone or in combination with moxibustion.

1. Abdominal pain
2. Amenorrhea
3. Anemia
4. Anuria
5. Apoplexy
6. Arthritis
7. Asthma
8. Atrophy of muscles
9. Blurred vision
10. Body weakness (general)
11. Bronchitis
12. Bruises
13. Cold diseases
14. Cold type body pain
15. Cold extremities
16. Common cold
17. Congested lungs
18. Constipation
19. Cough
20. Deficiency of kidneys
21. Debility
22. Diarrhea
23. Diuresis
24. Dyspepsia
25. Dysmenorrhea
26. Enteritis (chronic)
27. Enuresis
28. Epistaxis
29. Gastroenteric ulcers
30. Headaches
31. Hemorrhoids
32. Hemorrhaging
33. Hepatomegaly
34. Hiccough
35. Impotence
36. Influenza
37. Insomnia
38. Insufficient lactation
39. Ischialgia (Sciatica)
40. Leukorrhea
41. Lumbago
42. Malaria
43. Malposition of fetus
44. Menorrhagia
45. Muscular cramps
46. Neurasthenia
47. Nocturnal emissions
48. Paralysis of the limbs
49. Pain due to deficiency of energy
50. Poisonous insect bites
51. Premature ejaculation
52. Prevention of diseases
53. Prolapse of anus
54. Prolapse of uterus
55. Pruritis
56. Pruritis Vulvae
57. Rheumatism
58. Rhinitis
59. Rubella (German measles)
60. Scrofula (lymphadenitis)
61. Shock
62. Skin diseases
63. Splenomegaly
64. Stroke
65. Syncope
66. Toothache, minor
67. Tuberculosis (early stages)
68. Vaginal pain
69. Vomiting
70. Vulvitis (Inflammation of vulva)
71. Whooping cough (pertussis)



SUPPLEMENTARY INFORMATION RE: PURE MILD MOXA ROLLS

The following is a translation of the Chinese language instruction sheet for Pure Mild Moxa Rolls. Although translated by the staff of Occidental Institute of Chinese Studies, we have not clinically evaluated any of these therapeutic formulas, and thus the Institute or its Alumni Association cannot vouch for their efficacy, nor are they meant to carry O.I.C.S. recommendation. They are not subject to examination. NOTE: All points are based on China Cultural Corp. Acupuncture Charts.

**COLDS & INFLUENZA:** Moxa GB-20 (Fengchih) for 15 minutes.

**CHOKING COUGH:**

CV-22 (Tientu)	BL-20 (Pishu)
BL-13 (Feishu)	BL-23 (Shenshu)
BL-43 (Kaohuang)	

If patient has too much phlegm, moxa ST-36 (Tsusanli) as well.

**T.B. (TUBERCULOSIS):**

<u>Main Locations</u>	<u>Auxiliary Locations</u>
BL-11 (Tachu)	BL-23 (Shenshu)
BL-13 (Feishu)	BL-21 (Weishu)
BL-43 (Kaohuang)	ST-36 (Tsusanli)

Moxa once daily. Each time select two main locations and auxiliary locations should be used according to the symptoms. Moxa 15 to 30 minutes each time.

**ARTHRITIS:**

<u>Shoulder:</u> CO-15 (Chienyu)	SI-11 (Tientsung)
<u>Arm:</u> CO-11 (Chuchih)	LU-5 (Chihhtse)
CO-4 (Hoku)	TW-10 (Tienching)
<u>Wrist:</u> TW-4 (Yangchih)	TW-5 (Waikuan)
<u>Back:</u> BL-11 (Tachu)	BL-23 (Shenshu)
GV-2 (Yaoshu)	GV-4 (Mingmen)
<u>Lower Abdomen:</u> GB-30 (Huantiao)	BL-23 (Shenshu)
<u>Thigh:</u> ST-31 (Pikuan)	GB-34 (Yanglingchuan)
<u>Knee:</u> ST-35 (Tupi)	SP-9 (Yinlingchuan)
<u>Heel:</u> BL-60 (Kunlun)	ST-41 (Chiehhsi)
KI-3 (Taihsi)	

If the arthritis still persists, moxa also such points as SP-10 (Hsuehchai) and BL-23 (Shenshu).

**NUMBNESS IN THE LIMBS:** Apply heat to wherever numbness occurs in limbs.

**ABDOMINAL ACHES:**

<u>Upper Abdomen:</u>	CV-12 (Chungwan)	HG-6 (Neikuan)
	ST-36 (Tsusanli)	
<u>At the navel:</u>	ST-25 (Tienshu)	CV-6 (Chihai)
	CV-8 (Chichung)	SP-9 (Yinlingchuan)
<u>Lower Abdomen:</u>	CV-4 (Kuanyuan)	
	SP-6 (Sanyinchiao).	

## DIARRHEA: #N-38 (Chihhsieh)

For chronic diarrhea besides above point also moxa:

BL-20 (Pishu)	ST-25 (Tienshu)
BL-23 (Shenshu)	ST-36 (Tsusanli)

## WET DREAMS:

Group One

CV-4 (Kuanyuan)  
ST-36 (Tsusanli)  
KI-3 (Taihsi)

Group Two

BL-23 (Shenshu)  
SP-6 (Sanyinchiao)

Moxa any one of the two groups and alternate each group daily.

## EXCESSIVE VAGINAL SECRETION:

CV-6 (Chihai)	CV-4 (Kuanyuan)
SP-6 (Sanyinchiao)	ST-36 (Tsusanli)

## MENSTRUAL PAINS:

CV-6 (Chihai)	SP-6 (Sanyinchiao)
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## NEURASTHENIA:

CV-4 (Kuanyuan)	BL-23 (Shenshu)
BL-20 (Pishu)	ST-36 (Tsusanli)

## PROLAPSE OF UTERUS:

GV-20 (Paihui)	CV-6 (Chihai)
CV-4 (Kuanyuan)	

ANEMIA: BL-11 (Tachu)  
BL-17 (Keshu)  
BL-18 (Kanshu)

BL-20 (Pishu)  
ST-36 (Tsusanli)  
SP-10 (Hsuehhai)

DISPLACED PLACENTA: Moxa BL-67 (Chihyin). When heating release any tight belts to let the fetus move freely.

## EXHAUSTION:

GV-20 (Paihui)	CV-8 (Chichung)
CV-6 (Chihai)	CV-17 (Shanchung).

SUPPLEMENTARY INFORMATION RE: TAI-I MOXA ROLLS

The following is a translation of the Chinese language instruction sheet for Tai-I Moxa Rolls. Although translated by the staff of Occidental Institute of Chinese Studies, we have not clinically evaluated any of these therapeutic formulas, and thus the Institute or its Alumni Association cannot vouch for their efficacy, nor are they meant to carry O.I.C.S. recommendation. They are not subject to examination. NOTE: All points are based on China Cultural Corp. Acupuncture Charts.

## COLDS &amp; INFLUENZA:

BL-11 (Tachu)	CO-4 (Hoku)
GB-20 (Fengchih)	

## CHOKING COUGH:

<u>BL-13 (Feishu)</u>	LU-5 (Chihtse)
<u>CV-22 (Tientu)</u>	#S-59 (Chichuan)
<u>CV-17 (Shanchung)</u>	ST-36 (Tsusanli)
LU-1 (Chungfu)	

## T.B. (TUBERCULOSIS):

BL-13 (Feishu)	BL-20 (Pishu)
<u>BL-43 (Kaohuang)</u>	CV-12 (Chungwan)
LU-1 (Chungfu)	ST-36 (Tsusanli)
LU-5 (Chihtse)	

## VOMITING AND HICCUPS:

<u>CV-12 (Chungwan)</u>	BL-18 (Kanshu)
<u>HG-6 (Neikuan)</u>	BL-20 (Pishu)
<u>ST-36 (Tsusanli)</u>	BL-21 (Weishu)

## AIR IN ABDOMEN AND EXPOSURE OF ABDOMEN (literal translation):

<u>CV-12 (Chungwan)</u>	BL-20 (Pishu)
<u>CV-8 (Chichung)</u>	BL-21 (Weishu)
<u>ST-36 (Tsusanli)</u>	BL-25 (Tachangshu)
<u>SP-9 (Yinlingchuan)</u>	CV-6 (Chihai)

## DIARRHEA AND INDIGESTION:

<u>CV-8 (Chichung)</u>	CV-12 (Chungwan)
<u>ST-25 (Tienshu)</u>	CO-11 (Chuchih)
<u>BL-25 (Tachangshu)</u>	ST-36 (Tsusanli)
<u>#N-38 (Chihhsieh)</u>	SP-9 (Yinlingchuan)
CV-4 (Kuanyuan)	

## PROLAPSE OF ANUS:

GV-20 (Paihui)	GV-2 (Yaoshu)
BL-25 (Tachangshu)	

## WEAKNESS AND THROBBING:

HG-6 (Neikuan)	SP-6 (Sanyinchiao)
HT-7 (Shenmen)	ST-36 (Tsusanli)

## WEAKNESS AND ANEMIA:

<u>BL-11 (Tachu)</u>	CV-4 (Kuanyuan)
<u>BL-20 (Pishu)</u>	SP-10 (Hsuehhai)
<u>BL-18 (Kanshu)</u>	ST-36 (Tsusanli).
<u>GV-4 (Mingmen)</u>	

## FAINTING AND INSOMNIA:

<u>GV-20 (Paihui)</u>	HG-6 (Neikuan)
<u>GB-20 (Fengchih)</u>	HT-7 (Shenmen)
<u>GV-24 (Shenting)</u>	ST-36 (Tsusanli)
#S-3 (Yintang)	SP-6 (Sanyinchiao)
CO-11 (Chuchih)	LI-3 (Taichung)

## HEADACHE:

Cranial Headache:

<u>GV-20 (Paihui)</u>	LI-3 (Taichung)
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Frontal Headache:

#S-3 (Yintang)	CO-4 (Hoku)
GV-24 (Shenting)	ST-36 (Tsusanli)

Migraine Headache:

<u>GB-20 (Fengchih)</u>	TW-3 (Chungchu)
#S-9 (Taiyang)	GB-40 (Chiuhsu)

Back Headache:

<u>GB-20 (Fengchih)</u>	SI-3 (Houhsi)
BL-11 (Tachu)	BL-60 (Kunlun)

Occipital Headache: Moxa the main locations and also these points

<u>TW-3 (Chungchu)</u>	GB-34 (Yanglingchuan)
SI-3 (Houhsi)	

## INCONTINENCE OF URINE AND ANURIA:

<u>CV-3 (Chungchi)</u>	BL-23 (Shenshu)
<u>CV-4 (Kuanyuan)</u>	SP-9 (Yinlingchuan)
GV-4 (Mingmen)	GV-20 (Paihui)

## IMPOTENCE AND PREMATURE EJACULATION:

<u>GV-4 (Mingmen)</u>	SP-6 (Sanyinchiao)
<u>BL-23 (Shenshu)</u>	KI-3 (Taihsi)
<u>CV-4 (Kuanyuan)</u>	ST-36 (Tsusanli)
<u>CV-6 (Chihai)</u>	

## DYSMENORRHEA:

<u>CV-2 (Chuku)</u>	GV-4 (Mingmen)
<u>SP-6 (Sanyinchiao)</u>	BL-23 (Shenshu)
<u>CV-4 (Kuanyuan)</u>	

For better results moxa seven days before menstrual period.

## MENSTRUAL TROUBLES, AMENORRHEA, LEUKORRHEA:

<u>CV-4 (Kuanyuan)</u>	GV-2 (Yaoshu)
<u>ST-29 (Kueilai)</u>	BL-23 (Shenshu)
<u>SP-6 (Sanyinchiao)</u>	BL-20 (Pishu)
<u>CV-6 (Chihai)</u>	SP-9 (Yinlingchuan)
CV-3 (Chungchi)	ST-36 (Tsusanli)
#S-49 (Tsukung)	

## METRORRHAGIA:

<u>CV-4 (Kuanyuan)</u>	BL-20 (Pishu)
<u>SP-1 (Yinpai)</u>	SP-6 (Sanyinchiao)
<u>CV-6 (Chihai)</u>	ST-36 (Tsusanli)
GV-4 (Mingmen)	GV-20 (Paihui)

PLACENTAL DISPLACEMENT: BL-67 (Chihyin) Moxa 15 minutes once daily for several days until the placenta back to normal position.

SUPPLEMENTARY INFO RE: TAI-I MOXA ROLLS Continued

## CHILDBIRTH DIFFICULTIES:

CO-4 (Hoku) BL-67 (Chihyin)  
 SP-6 (Sanyinchiao)

## INADEQUATE LACTATION:

ST-18 (Juken) BL-20 (Pishu)  
CV-17 (Shanchung) ST-36 (Tsusanli)

## PROLAPSE OF UTERUS:

GV-20 (Paihui) LI-8 (Chuchuan)  
CV-6 (Chihai) SP-6 (Sanyinchiao)  
#S-49 (Tsukung) ST-36 (Tsusanli)

RHEUMATIC PAIN: Moxa the parts which feel painful, and also these points  
If chest, ribs, back and upper arm feel pain:

BL-11 (Tachu) HG-6 (Neikuan)  
 CO-11 (Chuchih) TW-5 (Waikuan)

If waist, thigh feel pain (including sciatic neuralgia):

BL-23 (Shenshu) ST-36 (Tsusanli)  
 GV-4 (Mingmen) SP-6 (Sanyinchiao)  
 GB-30 (Huantiao) BL-60 (Kunlun)  
 GB-34 (Yanglingchuan)

## MUSCLE "TWIST" AND FATIGUE: Heat the location associated with the pain.

## LOWER LEG SPASTICITY:

GB-34 (Yanglingchuan) BL-60 (Kunlun)  
 BL-57 (Chengshan) KI-3 (Taihsi)

## INFANTILE PARALYSIS:

Upper Extremities:

BL-11 (Tachu) HG-6 (Neikuan)  
 CO-15 (Chienyu) TW-5 (Waikuan)  
 CO-11 (Chuchih) CO-4 (Hoku)

Waist, Thigh:

BL-23 (Shenshu) ST-41 (Chiehhsi)  
 GV-4 (Mingmen) GB-34 (Yanglingchuan)  
 ST-31 (Pikuan) GB-30 (Huantiao)  
 ST-36 (Tsusanli) SP-6 (Sanyinchiao)

## RUBELLA AND ITCHING:

BL-11 (Tachu) CO-11 (Chuchih)  
 BL-18 (Kanshu) SP-10 (Hsuehshai)

as well as wherever the rashes are located.

## CHILBLAINS OR RED SWELLING OR COLD SORES: Moxa wherever the sore is.

SCROFULA AND PERSISTANT PUS SORES: Put a piece of thin ginger over the sore and apply heat directly on it. Apply daily or every two days, and feed patient with nutritious food (ie. chicken).

SUPPLEMENTARY INFORMATION RE: NIEN-YING MOXA ROLLS

The following is a translation of the Chinese language instruction sheet for Nien-Ying Moxa Rolls. Although translated by the staff of Occidental Institute of Chinese Studies, we have not clinically evaluated any of these therapeutic formulas, and thus the Institute or its Alumni Association cannot vouch for their efficacy, nor are they meant to carry O.I.C.S. recommendation. They are not subject to examination. NOTE: All points are based on China Cultural Corp. Acupuncture Charts.

## COLDS &amp; COUGH:

BL-13 (Feishu) GB-20 (Fengchih)

## WHOOPIING COUGH:

BL-13 (Feishu) LU-1 (Chungfu)

## MALARIA:

BL-11 (Tachu) HG-5 (Chienshih) SP-6 (Sanyinchiao)

## SCROFULA:

TW-10 (Tienching) and painful points.

## HICCUPS AND REGURGITATION (Spasm of Esophagus):

BL-18 (Kanshu) CV-17 (Shanchung) ST-36 (Tsusanli)

## PAINS DUE TO OVEREATING:

CV-12 (Chungwan) ST-36 (Tsusanli)

## VOMITING AND DIARRHEA:

CV-12 (Chungwan) ST-25 (Tienshu) #N-38 (Chihhsieh)

## PAINS DUE TO WIND INSIDE THE LIVER AND STOMACH (Spasm of Stomach):

BL-18 (Kanshu) BL-21 (Weishu) CV-12 (Chungwan)

CHRONIC ENTERODYNIA: If at night there are in the abdomen intestinal noises and diarrhea, moxa wherever the pain is located.

## PROLAPSE OF ANUS:

GV-20 (Paihui) BL-25 (Tachangshu)

## ABDOMINAL PAIN (Spasm of Intestine):

TW-10 (Tienching) CV-6 (Chihai) ST-36 (Tsusanli)

## PHLEGM, COUGH (CHRONIC BRONCHITIS): If persistent phlegm and cough,

BL-13 (Feishu) CV-6 (Chihai)  
CV-22 (Tientu) ST-36 (Tsusanli)

## ASTHMA:

BL-13 (Feishu) ST-36 (Tsusanli)  
CV-6 (Chihai) HT-1 (Chichuan)

## THROBBING AND NERVOUS AGITATION:

HG-6 (Neikuan) CV-4 (Kuanyuan)  
HT-7 (Shenmen) ST-36 (Tsusanli)

## ANEMIA:

BL-18 (Kanshu) SP-10 (Hsuehhai)  
BL-20 (Pishu) SP-6 (Sanyinchiao)

## "DRIPPING" OR INCONTINENCE OF URINE:

CV-3 (Chungchi) BL-23 (Shenshu).  
CV-4 (Kuanyuan)

## PREMATURE EJACULATION:

GV-4 (Mingmen)	CV-4 (Kuanyuan)
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## NOCTURNAL POLLUTION:

BL-23 (Shenshu)	SP-6 (Sanyinchiao)
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## VARIOUS KINDS OF RUPTURE:

CV-3 (Chungchi)	LI-8 (Chuchuan)
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## PROLAPSE OF ANUS:

GV-20 (Paihui)	CV-8 (Chichung)
CV-17 (Shanchung)	CV-6 (Chihai)

## PARANESTHESIA (Anesthesia of the lower half of the body):

BL-23 (Shenshu), and also the joints of the hands and feet.

## VARIOUS TYPES OF HEADACHES:

<u>Cranial Headache:</u>	GV-20 (Paihui)	
<u>Frontal Headache:</u>	GV-24 (Shenting)	
<u>Bilateral Headache:</u>	#S-9 (Taiyang)	
<u>Occipital Headache:</u>	GB-20 (Fengchih)	BL-11 (Tachu)

## VARIOUS KINDS OF PAIN DUE TO THE WIND (Including various neuralgia):

<u>Neck:</u>	GB-20 (Fengchih)	
<u>Back:</u>	BL-13 (Feishu)	
<u>Arm:</u>	BL-23 (Shenshu)	
<u>Shoulder, and the Arm cannot be lifted:</u>	CO-15 (Chienyu)	
<u>Waist:</u>	CO-11 (Chuchih)	
<u>Wrist:</u>	TW-4 (Yangchih)	TW-5 (Waikuan)
<u>Fingers:</u>	CO-4 (Hoku)	
<u>Thigh:</u>	GB-30 (Huantiao)	ST-31 (Pikuan)
<u>Knee:</u>	ST-35 (Tupi)	#S-156 (Heting)
<u>Lower Leg:</u>	GB-34 (Yanglingchuan)	
<u>Heel:</u>	BL-60 (Kunlun)	
<u>Toes:</u>	#S-137 (Pafeng)	

ARTHRITIS: Moxa wherever the pain is and the nearest location.

## MENSTRUAL TROUBLES:

CV-4 (Kuanyuan)	SP-6 (Sanyinchiao)
ST-29 (Kueilai)	GV-2 (Yaoshu)

## LEUKORRHEA:

CV-3 (Chungchi)	BL-20 (Pishu)
CV-6 (Chihai)	ST-36 (Tsusanli)
BL-23 (Shenshu)	

# TECHNIQUE OF ACUPUNCTURE AND MOXIBUSTION

Acupuncture and moxibustion are two different therapeutic methods. Acupuncture treats disease by puncturing certain "points" of the human body with metal needles to induce stimulation by various manipulation methods. The needles are of various shapes and forms, the most commonly used being the filiform needle, the three-edged needle, the "plum-blossom" needle, the electro-needle, and the intradermal needle.

Moxibustion means treating disease through thermal stimulation by applying the heat produced by ignited "moxa-wool" or certain other substances over specific areas of the skin surface.

Details of various acupuncture and moxibustion methods will be introduced in this chapter.

## A. THE MANIPULATION OF THE FILIFORM NEEDLE

### (1) GENERAL KNOWLEDGE

There are many kinds of filiform needles of different sizes in clinical use. The length of the filiform needles we are using at present ranges from 0.5 to 5.0 inches,\* i.e., 0.5, 1.0, 1.5, 2.0, 3.0, 4.0 and 5.0 inches, the calibre ranging from gauge 26 to gauge 32. See the following table:

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\* 1 inch is equal to 2.54 cm.



Gauge	26	28	30	32
Diameter (mm.)	0.45	0.38	0.32	0.26

Thorough inspection of the needles should be made before use. Be sure that there is no rust, bent section or hooks on the needles in order to avoid accidents and unnecessary pain to the patients during treatment.

In order to make the patient comfortable and facilitate location of points, the patient should be placed in a posture suitable to the points selected. If the patient is kept in an awkward posture, undue fatigue or fainting may occur, as well as accidents such as bending or breaking of the needle in case the patient changes position abruptly. Usually, the supine position is desirable when needling the points of the frontal and facial regions, chest and abdomen, and the anterior aspect of the lower extremities. A prone position is preferable for occipital, neck, lumbo-dorsal regions and the posterior aspect of the lower extremities, while recumbent position facilitates needling of points on the lateral aspect of the body. For the points on the head, back and upper extremities, a comfortable sitting position is also suitable.

Before treatment, sterilize the skin on and around the point with 75% alcohol, select needles of a length corresponding to the body build of the patient and suitable for his body tolerance as well as the location of the point chosen.

## (2) HOW TO PRACTISE NEEDLING

In acupuncture treatment, if the doctor does not know how to direct his finger force and lacks skill in manipulation, it will be difficult for the needle to penetrate the skin and the patient will feel pain, directly affecting the therapeutic results. Therefore, it is necessary to practise manoeuvring the finger force and manipulation and to experience the needle reaction or sensation personally.

Manipulation of the needle can be practised on many layers of paper or on a small cotton cushion. First practise the method of twisting in and twirling out the needle, then the method of combining lifting and thrusting with twisting and twirling of the needle. When these techniques are mastered, the doctor should practise acupuncture on himself in order to experience the needle sensation.

### (3) INSERTING AND MANIPULATING THE NEEDLE

#### 1. Method of Inserting the Needle:

Generally speaking, pain occurs when the point of the needle breaks the skin, but when the needle is pushed deeper through the skin, there is not much pain. Therefore, in order to minimize the pain, the movement of inserting the needle through the skin should be swift. There are many ways to insert the needle, but those most frequently employed are:

a. *Method of inserting the needle aided by pressure with finger:* Press beside the acupuncture point with the nail of the thumb (or index finger) of the left hand, hold the handle of the needle with the thumb and index finger of the right hand. When the attention of the patient is drawn to the pressure by the left hand, insert the needle rapidly alongside the nail into the skin at the acupuncture point. This method is suitable for short needles up to 1.5 inches in length. (See Fig. 1a.)

b. *Method of inserting long needle:* Hold the tip end of the needle between the thumb and index finger of the left hand, leaving 0.2 or 0.3 inch of its tip exposed. Hold the handle of the needle with the thumb and index finger of the right hand. As the needle tip approaches the skin surface the needle is made to speedily penetrate the skin by a deft movement of the thumb and index finger of the left hand, while at the same time the handle of the needle is pushed downward by the fingers of the right hand. Then, with the body of the needle supported by the left hand, the thumb and index finger of the right hand twirl the needle to a deeper layer. This method is suitable for needles over 3 inches in length. (See Fig. 1b.)

c. *Method of rapid insertion of needle:* Hold the body of the needle with the thumb and index finger of the right hand with 0.2-0.3 inch of its tip exposed and fix it accurately to the point. The needle is made to penetrate rapidly into the skin. Then, while holding the lower part of the body of the needle with the thumb and index finger of the left hand, pressure is applied downward with a co-ordinated movement of the thumb and index finger of the right hand. The handle of the needle is rotated and pushed so as to cause the needle to penetrate to the desired depth. This method is applicable both for short and long needles. (See Fig. 1c.)

d. *Method of inserting needle by pinching up the skin:* Pinch up the skin around the point with the thumb and index finger of the left hand, then rapidly insert the needle into the point with the right hand. This method is suitable for locations where the muscle is thin, such as Points Yintang (Extra 1) and Dicang (St. 4) of the face. (See Fig. 1d.)

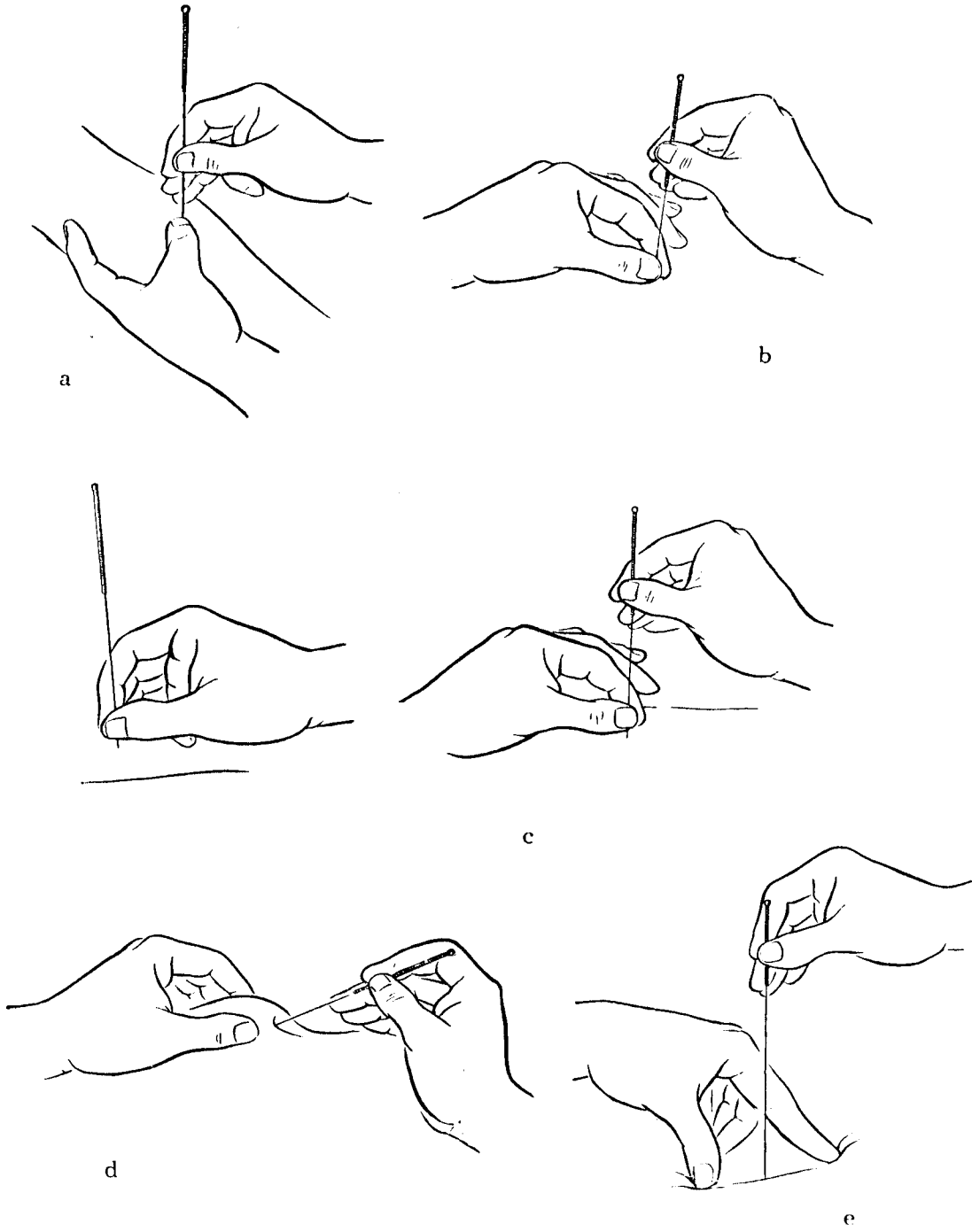


Fig. 1

*e. Method of inserting needle with fingers stretching the skin:* Stretch the skin around the point with the thumb and index finger, or middle finger, of the left hand; then, with the right hand, insert the needle rapidly into the skin to the required depth and in the required direction. This method is indicated for locations where the skin is loose, with creases and folds, such as the abdomen. (See Fig. 1e.)

There are also other methods such as inserting the needle into the skin by twisting and rotating it, or by using a small glass tube through which the needle is snapped into the skin, etc., but the details of these methods are not given in this book.

## **2. Manipulation After Insertion of Needle:**

There are various methods of manipulation, such as lifting and thrusting, rotating, vibrating, scraping, twirling and twisting, snapping and "pounding" the needle. Methods most frequently used are the following:

*a. Lifting and thrusting the needle:* After the needle enters the skin to a certain depth, press at the sides of the point with the thumb and index finger of the left hand; then, holding the handle of the needle with the thumb and index finger of the right hand, lift and thrust the needle. This method is not indicated, or should be rarely used, in points close to important internal organs, in the ophthalmic region or in regions supplied by large blood vessels deep beneath. In these locations the manipulation should be light and slow in order to avoid accidents.

*b. Rotating methods:* Hold the handle of the needle with the thumb and index finger of the right hand, rotate the needle clockwise and counter-clockwise. If the needle is rotated in a wide amplitude, be sure that the subcutaneous fibrous tissue does not entwine the needle and cause pain to the patient.

*c. Method of lifting, thrusting, rotating the needle:* This method is the combination of the lifting, thrusting and rotating movements of the needle.

The above three manipulation methods may be employed, after the needle enters the skin to a certain depth, to explore the needling sensation. When it appears, strengthen the stimulation by scraping and vibrating movements of the needle.

*d. Scraping the needle:* Press the top of the handle with the thumb of the right hand, then scrape the handle with the nail of the index or middle finger from below upward; or fix the needle on the point with the left hand, then with the thumb and index finger of the right hand scrape

the handle from below upward with a counter-clockwise twirling movement. This method is known as the "arc scraping method."

e. *Vibrating the needle*: Hold the handle of the needle with the right hand and slightly lift and thrust the needle rapidly to induce vibration.

#### **Appendix: Cause of Pain in Acupuncture and Its Prevention**

a. Pain occurring as the tip of the needle pricks into the skin is generally due to unskilful manipulation, with failure to introduce the needle swiftly into the skin. Or, the needle penetrates a centre of pain sensation on the superficial skin, in which case the direction of the needle should be changed slightly to avoid the sensitive spot. It is essential to practise manipulation and become skilful so as to avoid causing pain to the patients.

b. Pain occurring when the needle enters deep into tissue is generally due to the needle striking an artery wall, periosteum or tendon, in which case lift the needle until it is just beneath the skin, change the direction and insert it again.

c. Pain occurring when the needle is rotating in a wide arc is generally because the body of the needle is entwined with fibrous tissue. To relieve the pain, gently rotate the needle back and forth until the fibre is released.

In addition, points located on the extremities or on the face are very sensitive, so it is advisable to distract the patient's attention elsewhere when applying treatment, and manipulate skilfully. A doctor should be warm-hearted and show concern towards his patients, especially those who are over-sensitive, nervous or receiving acupuncture treatment for the first time. He should develop their confidence in overcoming their disease, relieve their anxiety and gain their initiative and co-operation.

#### (4) THE MANIPULATION METHODS OF BU (RE-ENFORCING) AND XIE (REDUCING)

Since ancient times, physicians of traditional Chinese medicine have through long-term practice recognized that during the course of a disease — its onset and development — there existed a manifestation of either excessive activity of the organic function (hyperfunction) or deficient activity of the organic function (hypofunction). The old medical classic *Su Wen* (素问 *Plain Questions*), in the chapter "Tiao Jing Lun" (调经论 "A Discussion of the Channels"), explained this phenomenon: "No matter what kinds of diseases, they are bound to relate either to the *xu* (虚 deficient

activity) nature or to the *shi* (实 excessive activity) nature.”\* The chapter “Jing Mai Pian” (经脉篇 “On Channels and Pulse”) of *Ling Shu* (灵枢) pointed out: “In case of xu apply the bu (补 re-enforcing) method and in case of shi apply the xie (泻 reducing) method.” According to this principle, physicians practising acupuncture had created various methods to achieve the bu and xie effects. Traditionally, there are the following methods:

### **1. Lifting and Thrusting of the Needle:**

Re-enforcing: Repeatedly lift the needle gently subcutaneously, then thrust it back with force.

Reducing: Repeatedly thrust the needle gently, then lift it subcutaneously with force.

### **2. Twisting and Twirling of the Needle:**

Re-enforcing: Twist and twirl the needle back and forth with small amplitude and slowly.

Reducing: Twist and twirl the needle back and forth with more force, faster and with larger amplitude.

### **3. Slow and Swift Insertion and Withdrawal of the Needle:**

Re-enforcing: Insert the needle slowly, twirl it gently. When withdrawing, rest the needle just beneath the skin for a short interval, then withdraw it swiftly.

Reducing: Insert the needle swiftly, twirl it with larger amplitude and withdraw it slowly.

### **4. Closing and Enlarging the Acupuncture Hole:**

Re-enforcing: After withdrawing the needle, close the acupuncture hole by applying slight pressure and massaging over it, preventing the jingqi (经气 vital energy of the channel) from escaping.

\* Diseases of shi nature may be explained as acute diseases in which the patient's physical condition is good. There may be the following symptoms: flushed face, irritability, loquaciousness, high voice, coarse breathing, excessive sputum, constipation or retention of urine, fullness of chest, abdominal distention, intensive pain aggravated by compression, muscle and tendon spasms. The tongue is rough with thick coating, and the pulse forceful and rolling. Diseases of xu nature imply chronic diseases, the patient being low-spirited, pale, bed-ridden, apathetic and reluctant to speak. There may be the following symptoms: feeble breathing, palpitation, tinnitus, dizziness, spontaneous sweating, night sweating, loose stool, incontinence of urine, nocturnal emission, intermittent abdominal distention, pain alleviated by compression, tremor of hand or numbness of extremities. The tongue is pale, tender and thinly coated, the pulse thready and feeble. Shi may also imply hyperfunction or hyperactivity, while xu implies hypofunction or hypoactivity.

Reducing: Before withdrawing the needle, turn it a few times so as to enlarge the acupuncture hole, letting the sieqi (邪气 disease factors) out.

#### 5. Even Movements:

Mild method: After inserting the needle into the point, rotate, lift and thrust evenly and gently to cause a needling sensation, then withdraw the needle according to the condition.

The above methods can be used singly or co-ordinately.

This book has generalized the traditional re-enforcing and reducing methods as strong, moderate and weak stimulation. Details are as follows:

a. *Weak stimulation:* Generally, this is considered as equivalent to the re-enforcing method. That is, as soon as the patient has sensation, stop manipulating. This method is performed by slightly lifting and thrusting the needle, co-ordinated with rotation in a small amplitude. This is indicated in patients with a weak constitution, in those sensitive to needle stimulation, those receiving acupuncture for the first time and are nervous, and when puncturing points which are close to major viscera.

b. *Strong stimulation:* This method is considered as equivalent to the reducing method. That is, to give the patient a strong sensation which is reflected to the distal areas of the extremities. The methods are rotation with wide amplitude combined with forceful lifting and thrusting of the needle; stimulation may be increased by vibrating and scraping the handle of the needle. This is indicated in patients of robust constitution and with organic hyperfunction, those who are not sensitive to acupuncture, and those with acute pain or convulsions. This method is mainly applied to points on the four extremities or on the lumbar region.

c. *Medium stimulation:* This is considered as equivalent to the mild method, the sensation the patient receives and the manipulation method being midway between strong and weak stimulation. This method is suitable for patients whose pathological conditions are not definitely differentiated as xu or shi.

#### (5) ACUPUNCTURE SENSATION AND THERAPEUTIC EFFECT

When the needle is inserted to a given depth under the skin, the patient may have a feeling of soreness, distention, heaviness or numbness. This is what was known by the ancients as the phenomenon of "deqi" (得气 i.e., the normal reaction to acupuncture). The sensations vary with the constitution of the patient, the location of the points and the depth and direction of the needle insertion.

Points on the face generally produce a sensation of distention, while those on thick muscle may give a feeling of soreness, and only pain is felt on those of the palm, sole of the foot, and tips of the fingers and toes. Puncture on the points of the extremities may produce a sensation of electric shock, which is radiated distally.

The efficacy of treatment is closely related to the acupuncture sensation. Usually, if such sensation is felt quickly and is readily conducted, the result is likely to be satisfactory, and vice versa. (This does not apply to those points which, owing to their location, do not have the conduction phenomenon.) Acupuncture sensation depends not only on the constitution of the patient and the extent of his illness but it is closely related to the manipulation methods of the doctor. Satisfactory sensations may be obtained if he handles the needle adroitly and locates the points accurately. In order to enhance the results of treatment, doctors should make careful observations of these sensations in clinical practice.

Clinically, the degree of stimulation does not depend solely upon whether a strong or weak manipulation is given but chiefly depends upon the patient's reaction to needling. That is why it is essential to make a concrete analysis of the specific conditions. For instance, sometimes the doctor thinks he is manipulating the needle vigorously, yet the patient has only a slight sensation, while gentle manipulation may produce a strong reaction in the patient. Therefore, to judge whether the stimulation is strong or weak, the reaction of the patient and the manipulation methods should be considered at the same time.

## (6) THE DIRECTION AND DEPTH OF THE NEEDLE INSERTION

### 1. The Direction of the Needle:

When the needle enters the skin it forms an angle with the skin surface. The degree of the angle depends upon the location and the disease to be treated. Details will be given under each point in Chapter III, but there are general rules for the direction of the needle as follows:

a. *Perpendicular*: That is, the needle enters the skin perpendicularly. This method is applicable to locations with thick muscle or wherever deep puncture is indicated, such as the four extremities, abdomen and the lumbar region.

b. *Oblique*: When the needle enters the skin it forms approximately a 45° angle with the skin surface. This method is mainly used in loca-



tions such as the thoracic and back region close to the viscera or in some special area such as where Pt.\* Lieque (Lu. 7) is situated.

c. *Horizontal:* That is, the needle enters the skin horizontally and forms an angle of about  $15^\circ$  with it. This method is preferable for points on the face and head where the muscle is thin. It is also advisable to use this method in puncturing superficially two or more points together at one penetration, or on points of the chest and at the back which are contraindicated to deep puncture. (See Fig. 2.)

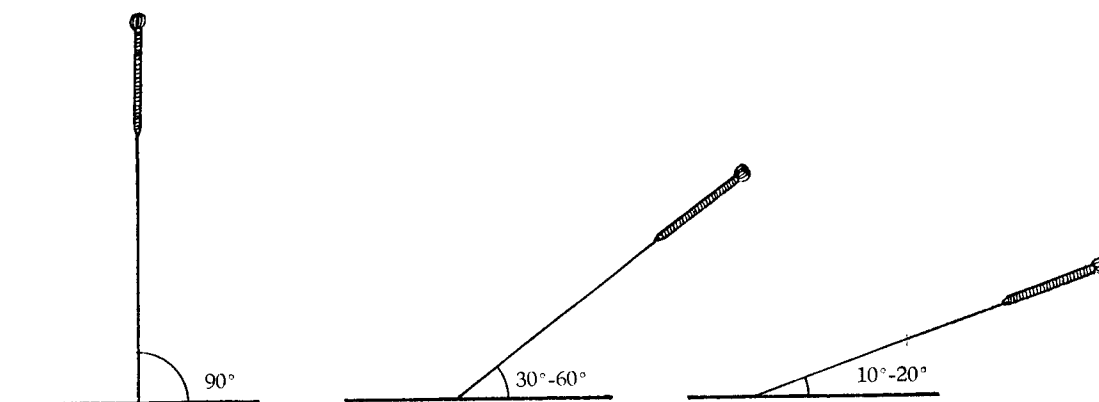


Fig. 2

## 2. The Depth of the Needle Insertion:

There is no absolute standard for the depth of acupuncture. Usually it depends upon the degree of sensation the patient experiences. Following are some general rules:

a. *Points on the four extremities:* The needle may be inserted deep according to the thickness of the muscle, in fact the needle may even penetrate through to reach another point. Points like Neiguan (P. 6) may be punctured 0.5-1.5 inches deep, and Pt. Zusanli (St. 36) may be punctured 1.0-2.0 inches deep.

b. *Lumbo-sacral and abdominal regions:* Generally a depth of 1.0-2.0 inches can be reached on points of these regions, as the muscles there are rather thick. But the points of the upper abdomen should not be punctured too deeply.

c. *Thoracic and back regions:* Muscles of these regions are thin and there are important viscera such as the heart, lungs, liver and spleen in the close vicinity. It is advisable therefore to puncture superficially,

\* Pt. stands for Point.

mostly in an oblique or horizontal direction. But points along the spinal column can be punctured perpendicularly or obliquely towards the midline to a depth of about 1.0-1.5 inches.

*d. The head and the facial region:* Points of these regions should be punctured superficially, obliquely or horizontally, as the muscles there are thin. In order to avoid accidents, serious attention should be paid to the depth of the insertion when puncturing the points of the ophthalmic region, and points of the neck like Fengfu (Du 16), Yamen (Du 15) and Tiantu (Ren 22), as they are in vulnerable spots.

The above principles are applicable to adults in general. For children the depth of acupuncture should be suitably less. At the same time the depth of acupuncture and body build of the patient are closely related. For instance, in puncturing the point Zhongwan (Ren 12), strong sensation may be obtained when a depth of 0.5 inch is reached in a thin patient. On the other hand, sensation can only be induced when the needle is inserted around 2 inches deep for an obese patient. Clinically, careful analysis should be made of each patient.

The general principle is to master the depth precisely when puncturing points close to important viscera and large arteries. The physician should be familiar with the position of the points in relation to their regional anatomy. Observe the patient closely to detect the reaction; at the same time manipulate skilfully so as to achieve a good therapeutic result and avoid accidents.

#### (7) RETAINING AND MANIPULATING THE NEEDLE

Usually, after the needle is inserted into the skin and sensation results, continuous manipulation such as lifting and thrusting, twisting and twirling, vibrating and scraping of the needle may be applied until a more satisfactory sensation is produced. Then remove the needle.

For acute pain or seizure of certain diseases the needle may be retained for 30 minutes or even for several hours. Manipulate the needle every few minutes during this period in order to strengthen the stimulation. If necessary, manipulation may be done throughout the interval, until remission of the symptoms.

At present, the "swift acupuncture method" is widely used and does not require retaining the needle. It has the advantage of using few points and saving time. However, it requires deep puncture, one insertion sometimes penetrating two points, and the stimulation produced is strong.

(8) MANAGEMENT OF ACCIDENTS WHICH MAY OCCUR  
IN ACUPUNCTURE

It is not very often that accidents occur, yet precautions should be taken to prevent them. This requires that doctors should have a profound sense of responsibility towards their patients. To new patients having acupuncture for the first time and to those who are nervous and afraid of acupuncture, or to weak, asthenic patients, the doctor should allay their anxiety by explaining patiently to them the procedure of acupuncture.

The following are some of the accidents one may encounter:

**1. Fainting:**

**Symptoms:** During acupuncture treatment, symptoms such as dizziness and vertigo, oppressive feeling in chest, palpitation, nausea and pallor may occur. In severe cases, there may be such signs as cold extremities, cold sweating, weak pulse, loss of consciousness, hypotension and shock.

**Cause:** Nervous tension; or the symptoms may be due to hunger, fatigue or extreme weakness of the patient, or too forceful manipulation resulting in excessive stimulation, etc.

**Management:** The needle should be removed immediately and the patient allowed to lie flat with the head slightly lower, since the mechanism is probably temporary blood deficiency of the cerebrum. Offer him warm drinks. If already in coma, press Pt. Renzhong (Du 26) with the fingernail, or puncture Renzhong and Neiguan (P. 6). Generally he will respond to these, but if symptoms are still unrelieved, emergency measures should be taken.

**Prophylactic measures:**

a. It is advisable to let those patients who are weak, tired or in a nervous state lie down while giving treatment.

b. Manipulation should be gentle, and the facial expression and colour of the patient must be observed at all times in order to detect untoward reactions as early as possible and prevent accidents.

**2. Stuck Needle:**

After the needle is inserted, it is difficult or impossible to rotate, lift and thrust, or even to withdraw it.

**Cause:** Spasm of the muscle caused by nervous tension of the patient, over-wide amplitude of rotation of the needle, or fibrous tissue becoming tangled around the body of the needle.

Management: For nervous patients, the doctor should give relief from fear, ask them to relax their muscles, then massage around the point, after which the needle should be removable. If the needle is still held fast, ask the patient to lie calmly for a while or give another puncture nearby so as to relax the muscle. If the needle is entangled in fibrous tissue, then slightly turn it in the opposite direction until it becomes loose, then withdraw it.

### **3. Bent Needle:**

The needle becomes bent after it is inserted into the skin.

Cause: This generally happens when the patient changes position while the needle is retained; a too-strong stimulation causes sudden spasm of the muscle; an external force strikes or presses the needle, or the needle is inserted too forcefully.

Management: If the needle is bent due to the patient changing position, then put him back in his original position and remove the needle by following the direction of the bend. Avoid pulling or twisting the needle by force so as to prevent breaking it.

### **4. Broken Needle:**

Cause: There may be cracks or erosions on the body of the needle, especially at the base, or the quality of the needle is poor; the patient has changed his position to too great an extent; strong spasm of the muscle; excessive force used in manipulating; the needle has been struck by an external force, or a bent needle has been withdrawn rigidly.

Management: First of all, the doctor should be calm and advise the patient not to move so as to avoid the broken part of the needle sinking deeper. If a part of it is still exposed above the skin, remove it with the fingers, or with forceps. If it is on the same level with the skin, press the tissues around the site until the broken end is exposed, then take it out with forceps. If it is completely under the skin, try to take it out according to the location by all means and if these fail, surgery should be resorted to.

Prevention: Careful inspection of the needles should be made prior to treatment. The necessity of remaining still while undergoing therapy should be explained to the patient. When manipulating the needle, be sure not to use too great a force, and when the needle is retained, the body of the needle should be exposed about 0.3-0.5 inch above the skin. Do not penetrate up to the hilt of the needle.

## 5. Management of Inadvertent Injury to Important Organs:

If an important organ is accidentally injured during acupuncture treatment, the doctor must assume complete responsibility and take emergency measures at once. The following are the circumstances which may occur and measures to be taken:

*a. The lung:* If the needle is thrust too deeply or in an incorrect direction into the points of the chest, back or the supraclavicular fossa, traumatic pneumothorax may result, especially in those patients with cough and asthma. Clinical symptoms are pain in the chest and cough. In severe cases there may be dyspnea, pallor, cyanosis, coma, etc. Fatality may occur in very severe cases or if the case is not managed properly.

Principles in management: (a) Let the patient lie calmly. (b) Measures for preventing infection should be taken. (c) Remove air by thoracentesis.

If conditions are lacking to take these measures, the patient should be hospitalized immediately.

*b. The heart, liver, spleen and kidney:* Prior to acupuncture, a physical examination of the patient should be performed in order to diagnose any abnormal changes in the internal organs such as cardiac disease, hepatomegaly or splenomegaly. Determine carefully the outline of these organs so as to prevent puncturing them. Puncturing the liver or spleen may cause rupture with bleeding. Symptoms are abdominal pain, rigidity of the abdominal muscles, rebound pain upon pressure, and in severe cases, coma. Puncturing the kidney may cause pain in the lumbar region, tenderness and pain upon percussion around the kidney region, and bloody urine.

Principles of management: (a) Let the patient lie down and keep calm. (b) Apply conservative treatment under close observation. (c) If ineffective, the patient should be taken to hospital.

*c. Brain and spinal cord:* If the needle enters too deep, or there is inappropriate manipulation in such points as Yamen (Du 15), Fengfu (Du 16) or points above the first lumbar vertebra, there may be bleeding and severe sequelae. Clinical manifestations are convulsions, paralysis, and even coma. Emergency measures should be taken immediately.

*d. Blood vessels:* When giving acupuncture treatment one should avoid puncturing large blood vessels, or local bleeding may occur, especially in old people, as there is little elasticity of their blood vessels. If this happens, measures should be taken to stop bleeding or to help absorption.

Care should also be taken when puncturing in regions close to the stomach, intestine, urinary bladder, gall bladder, the eye, etc., as any mishandling will cause accidents.

## B. OTHER ACUPUNCTURE METHODS

### (1) THE THREE-EDGED NEEDLE

#### 1. Methods of Manipulation:

There are two methods; one is prompt pricking and the other slow pricking.

The prompt pricking method: Pinch up the skin overlying the point with the thumb, index and middle fingers of the left hand, then hold the handle of the needle tightly with the thumb and index finger of the right hand. With the middle finger supporting the needle, leaving its tip exposed, prick swiftly about 0.1 inch at the point, withdraw the needle immediately, then squeeze out a few drops of blood. This method is mainly applied to the tips of the fingers and toes, the temporal region and the apex of the ear. (See Fig. 3.)

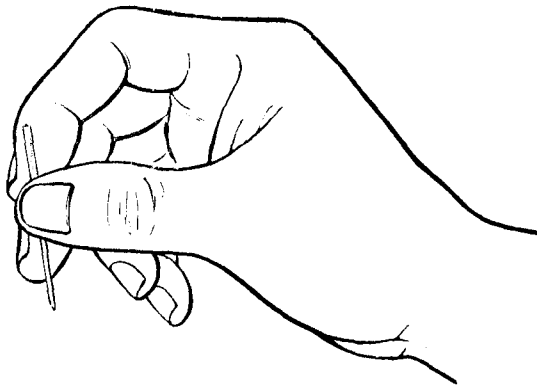


Fig. 3

The slow pricking method: This is superficial venous pricking applied to points like Chize (Lu. 5), Weizhong (U.B. 40), etc. Before pricking, constrict the portion of the limb proximal to the point with rubber tubing so that the vein is prominent, then place the tip of the needle close to the point above the vein and prick slowly about 0.1 inch deep through the wall of the vein. Withdraw the needle slowly. Bleeding is stopped by pressing the punctured site lightly with a sterilized cotton ball.

#### 2. Indications:

This method is mostly applied in febrile diseases, blood stasis, swelling and pain due to traumatic injury, abscesses, skin diseases, etc. It is also used in sunstroke, high fever with convulsions, tonsillitis, acute conjunctivitis, acute gastroenteritis, back sprain, headache, dyspepsia and malnutrition syndrome in children and infants, neurodermatitis, etc.

#### 3. Remarks:

Strict sterilization and asepsis are required.

It is not generally advisable to apply this method to weak or aged patients or those with anemia, hemorrhagic diseases and expectant mothers.

Care must be taken to avoid injuring the deep arteries.

## (2) THE "PLUM-BLOSSOM" NEEDLE

The "plum-blossom" needle, also known as the "seven-star" needle, or cutaneous needle, is another device for acupuncture treatment which was mentioned in *Ling Shu Jing* over 2,000 years ago. Its therapeutic method is tapping certain areas of the body or points along the channel(s) with the "plum-blossom" needle, using the elastic force of the wrist.

### 1. The Needle:

The "plum-blossom" needle usually used in the clinic is made up of 5 or 7 needles, with a long handle. (See Fig. 4.)

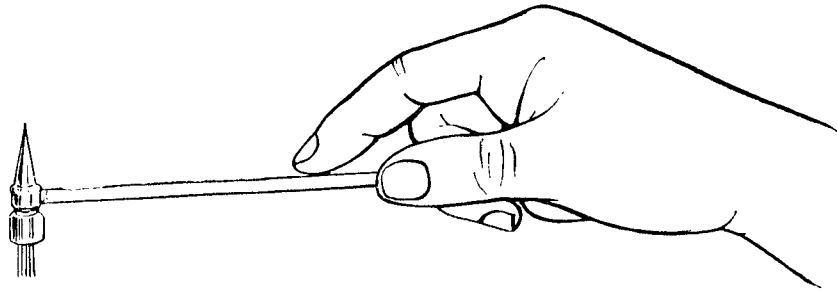


Fig. 4

### 2. Manipulation:

Sterilize the needles and the skin surface of the area to be treated, then hold the handle of the instrument with the right hand (see Fig. 4) and tap at the skin surface with the elastic movement of the wrist only, the elbow and arm being immobile. The tapping should be precise, with the needle points striking perpendicularly at the skin, and lifting snappily after each tap. It is not advisable to tap obliquely or press the needles into the skin.

According to the disease condition, the patient's constitution and the area to be treated, tapping is divided into light, medium and heavy. In children, in patients in poor health, or nervous patients receiving acupuncture treatment for the first time, light tapping should be applied. Heavy

tapping can be applied where the skin sensation is dull, or where there is severe pain. Generally, medium tapping is applied to most of the cases.

### **3. Location for Tapping:**

*a. The corresponding locations along the spinal column:* For diseases of the internal organs and the nervous system, tapping on the corresponding areas along the spinal column or the points of the Urinary Bladder Channel on the back may be used as the main treatment. For instance, in gastric pain tapping may be applied on both sides of the spinal column from the 5th to the 12th thoracic vertebra and on the upper abdomen; for insomnia tap at the neck, the sacral or the mastoid region; for constipation, tap on the sacral region. (See Fig. 5.)

*b. Location according to the course of the channels:* That is to determine the site for tapping in accordance with the therapeutic properties of the channels and points. For example, for gastric pain, tap on Zusanli (St. 36) and Neiguan (P. 6). Usually, this method is combined with the above method.

*c. The affected area:* In neurodermatitis, the affected area may be tapped until slight bleeding occurs; for diseases of the face and head, tap a few lines on the forehead, the temporal regions and around the cranium, and on the occipital and neck regions along the distribution of the muscles. For diseases of the chest, the intercostal spaces may be tapped.

*d. Tap according to palpated masses and sensitive spots:* With certain diseases there may be cords or nodules in the subcutaneous tissue, or there may be numbness or tenderness in the local area. Tapping may be applied mainly to these spots.

### **4. Indications:**

The range of indications is rather broad for this method as most of the diseases that respond to acupuncture treatment can be treated with the "plum-blossom" needle. Examples are neurasthenia, neurodermatitis, erysipelas, hemiplegia, loss of hair, migraine, enuresis, arthritis, chronic gastroenteritis, neuralgia and some gynecological conditions.

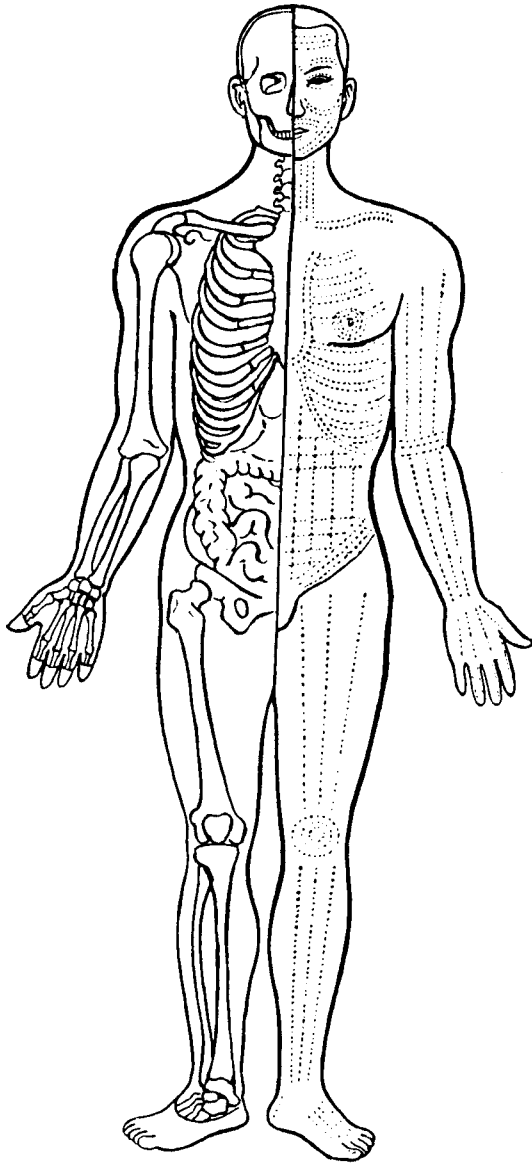
### **5. Remarks:**

*a.* Before treatment, examine the tips of the needles to see that they are even, and be sure there are no hooks.

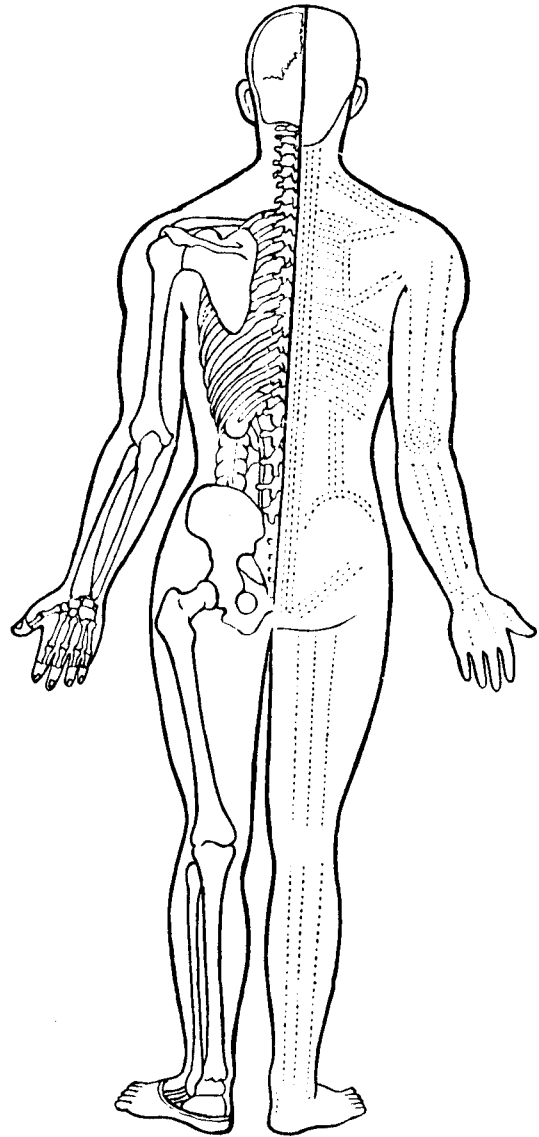
*b.* Pay attention to the sterilization of the needles and the skin surface of the patient.

*c.* It is not advisable to employ this treatment in cutaneous ulcers, traumatic injury or emergency conditions.





a



b

Fig. 5

### (3) ELECTRO-ACUPUNCTURE

Electro-acupuncture developed from the hand-manipulated method following the use of an electrical device. It was around 1934 that China began applying electro-acupuncture.

The method of electro-acupuncture is to apply current to the needle after it is inserted into the skin and the needle sensation is felt. Therapeutic effect is achieved through acupuncture stimulation of the body aided by the electric current. Its advantages are as follows:

- a. It substitutes the prolonged hand-manoeuvring, thus saving time.
- b. It can produce stronger stimulation.
- c. The amount of stimulating force can be adjusted more accurately.

There are various kinds of electro-acupuncture apparatus. At present, the one used most commonly is the transistor acupuncture apparatus.

#### **1. Manipulation Methods:**

Before using the electro-acupuncture apparatus, one must be familiar with its characteristics, then follow the directions.

- a. After the filiform needles are inserted into the skin and the needle sensation felt, attach the two conducting wires to the bodies of the two needles.

- b. First adjust the potentiometer to "zero," then switch on the current and slowly adjust it to the required amount. (Strong stimulation, if applied, must be within the tolerance of the patient.)

- c. Duration of treatment is generally from 10 to 20 minutes. For some diseases it may be extended to 30 minutes.

- d. After treatment, turn the potentiometer back to "zero" and switch off the current.

- e. During treatment the patient may become adapted to the stimulation after 1 to 2 minutes, i.e., the sensation of stimulation gradually becomes weak, in which case the current may be appropriately increased or the waves and frequency changed to induce fluctuation in current. Adaptation to stimulation by the patient may thus be avoided.

#### **2. Indications:**

Electro-acupuncture is suitable for treating diseases for which hand-manipulated acupuncture is indicated. Good results may be obtained especially in neuralgia and neuroparalysis. In stopping pain and spasmolysis, it is more effective than hand-manipulated acupuncture. In patients with serious cardiac disease, this method should be used with caution.

### 3. Remarks:

a. Stimulation by the electro-needle is rather strong, hence measures for preventing fainting must be taken. Attention must be paid to avoid bending or breaking the needle, as electro-needling frequently induces strong spasm of the muscle.

b. Adjust the potentiometer slowly to avoid sudden excessive stimulation.

c. During treatment, rhythmic spasm or weak twitching of the muscle, sensation of numbness, distention and heaviness may occur. These are considered as normal phenomena.

d. Current must not be too strong when applying electro-acupuncture to the facial region or regions below the elbow and knee, as these areas are very sensitive to electric stimulation.

#### (4) INTRADERMAL IMBEDDING OF NEEDLE

There are two kinds of intradermal or implanted needles. One is like a thumbtack, while the other has a handle and is shaped like a grain of wheat. (See Fig. 6.) A short, fine filiform needle can also be implanted.

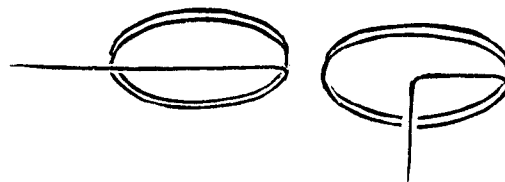


Fig. 6

The thumbtack type is generally applied in the auricular region. For treatment, sterilize the local area of the selected point, pick up the needle with forceps, apply it perpendicularly and fix it with adhesive tape.

The grain-like needle or the short filiform needle can be applied to various parts of the body. The procedure is the same as above, only the needle should be inserted horizontally or obliquely under the skin and then fixed with adhesive tape.

This method is indicated mainly in chronic, stubborn or painful diseases.

In order to avoid infection, attention must be paid to local sterilization. It is not advisable to apply this treatment on points near a purulent focus.

Duration for intradermal imbedding may be from one to seven days.

## C. MOXIBUSTION

Moxibustion therapy means treating disease with ignited “moxa-wool” to produce heat on the points or certain locations of the human body.

“Moxa-wool” is made of dry moxa leaves (*Artemisia Vulgaris*) ground into a fine powder with the coarse residue removed. It has the properties of warming and removing obstruction of the channels, eliminating the cold and damp factors and thus promoting the function of the organs. It is considered that the older the moxa-wool the better.

The moxa-wool may be made in the shape of a cone, the largest size being about 1 cm. in height and 0.8 cm. in diameter; a medium-sized moxa-cone is about half the size of a date stone, and the smallest the size of a wheat grain. Clinically, one cone is considered as one unit, but the cone form is seldom used today.

The moxa-wool may also be made like a large-size cigarette, that is, by rolling the moxa-wool firmly in a piece of soft paper and pasting up the ends. Such a moxa-stick is usually about 20 cm. long with a diameter of 1.5 cm.

### (1) DIRECT MOXIBUSTION

Direct moxibustion is performed by placing the ignited cone directly over the point on the skin. There are two types of this method: the scarring and the non-scarring moxibustion. (See Fig. 7a.)

The non-scarring moxibustion: Put the cone on the selected point and ignite from the top, remove it and put on a new one when the patient feels scorching with slight pain. Repeat this procedure until the area is red and congested. Usually, apply 3 to 5 cones for one treatment, and give one treatment every other day.

This method is mainly applied in chronic diseases related to the cold and xu types, such as asthma, chronic diarrhea and indigestion.

The scarring moxibustion: Place a small moxa-cone directly on the skin and ignite it. When it is completely burnt, place another one, repeating this 3 to 7 times on each point. Blisters and pustules are formed and, when healed, scars remain; hence the name. Generally, select one or two points for each treatment. Treat every other day or every third day. This method is seldom used in the clinic nowadays as it causes pain and the scars are undesirable.

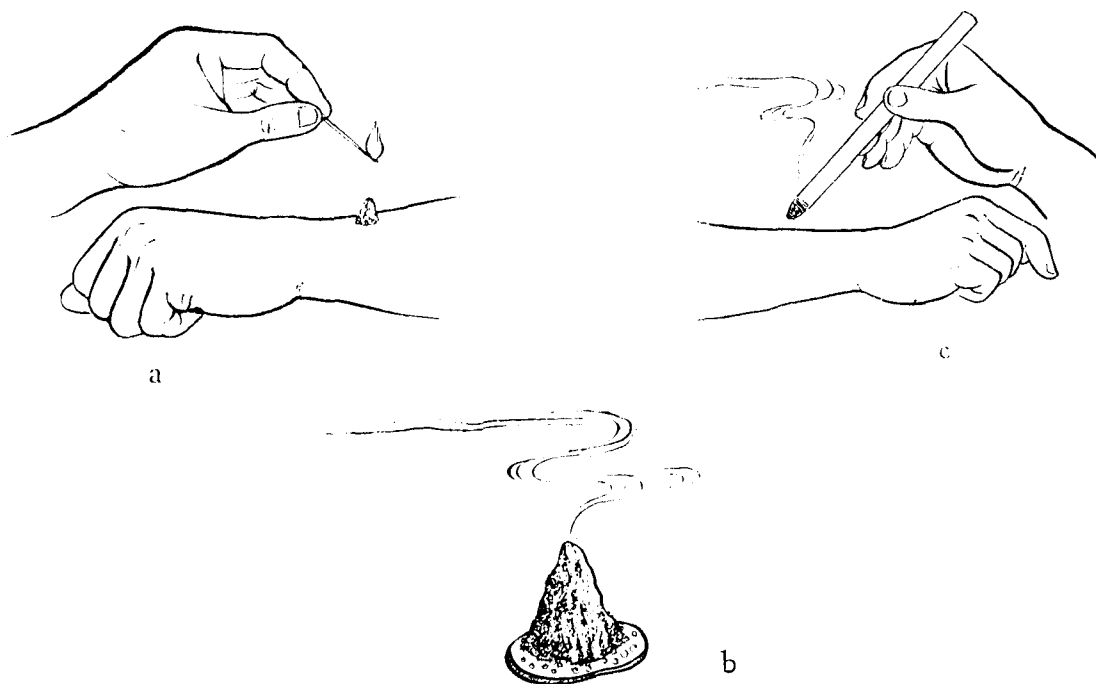


Fig. 7

## (2) INDIRECT MOXIBUSTION

Put a slice of ginger or garlic, or a layer of salt on the point, then place a moxa-cone (large or medium size) on top and ignite from the top. A detailed description of the methods follows:

### 1. Indirect Moxibustion with Ginger:

Cut a slice of ginger about 0.3 to 0.5 cm. thick, punch holes in it and place it on the point. Put the moxa-cone (large or medium size) on the ginger and ignite it. (See Fig. 7b.) When the patient feels a burning sensation, remove it and light another cone. Repeat until the skin becomes red and moist. Three to five cones can be used at each treatment, to be repeated every other day.

This method is indicated in vomiting and diarrhea of the cold type, arthritis, and other diseases that are responsive to moxibustion.

### 2. Indirect Moxibustion with Garlic:

The procedure is the same as above, using garlic instead of ginger. This method is indicated in pulmonary tuberculosis, tuberculosis of the lymph

nodes, and cold abscess in the primary stage. This method is contra-indicated in patients with fever.

### **3. Indirect Moxibustion with Salt:**

This is mainly applied in the umbilicus. Fill the umbilicus with salt to the level of the skin, put a piece of ginger over it and ignite a cone on it, the procedures being the same as above. This is mainly used in emergency cases, such as coma, apoplexy of the "flaccid type" (see p. 254), vomiting and diarrhea.

Other materials or drugs, such as asconite, may also be used for indirect moxibustion instead of ginger or garlic. They can be ground into powder and made into a paste.

#### **(3) MOXIBUSTION WITH MOXA-STICK**

Apply the moxa-stick above the selected point from a distance of about 3 cm. (see Fig. 7c) until the local area becomes pink, generally in 5-10 minutes. This method is known as the warming moxibustion. Another method is to hold the ignited moxa-stick above the point, then move it upward and downward to produce warmth. This is known as "sparrow-picking moxibustion." It is indicated in arthritis, abdominal pain, diarrhea and malposition of the fetus.

#### **(4) MOXIBUSTION WITH WARMING NEEDLE**

When the needle is retained in acupuncture, a piece of moxa-stick is placed on top of the needle handle and ignited. Heat is conducted to the deep tissues through the needle. This method is mainly applied to diseases like arthritis and for abdominal pain.

#### **(5) REMARKS**

- a. Before treatment, place the patient in a comfortable position to avoid changing his posture and getting burnt.
- b. In indirect moxibustion with ginger or garlic, take care not to cause blisters. If they occur, treat as an ordinary burn.
- c. It is not advisable to apply moxibustion to the areas near the sense organs or mucous membrane.
- d. Moxibustion is not advisable for febrile diseases.