

FIVE DRAGONS  
ACUPUNCTURE COLLEGE  
CORRESPONDENCE COURSE



LESSON 30  
OF  
31 LESSONS

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**Acupuncture Correspondence Course in 31 Lessons**  
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Recommended books to simplify your research are as follows

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

The people of the entire English-speaking world owe a debt of gratitude  
to the acupuncturists and medical researchers  
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AURICULOTHERAPY AND OTHER THERAPEUTIC METHODS

This Lesson, primarily on Auriculotherapy (or Ear Acupuncture) consists of the information given in this last section of the Study Guide, all material covered by herewith specified page references to the textbook as supplied, and Chart #4 of the China Cultural Corporation Acupuncture Chart Set, also supplied previously to participants. As you can see from the title of this Lesson, some aspects of acupuncture beyond just ear acupuncture will also be covered, and these are, hand acupuncture, scalp acupuncture therapy, and acupuncture anesthesia.

## A. AURICULOTHERAPY

Read the introductory paragraphs on page 269 of the textbook. There are basically two main schools of thought regarding auriculotherapy. One school of thought of course is the Chinese system, which is presented in this Lesson. The second school of thought is the French system (associated with such doctors as Nogier, Bourdiol, and Julian in France, as well as Bahr in Germany), which has incorporated into their system not only the Chinese concepts, but also modern medical neuro-physiological theories. This Institute leans more on the Chinese system for two basic reasons: (1) The Chinese system is more easily learned and applied by those without extensive medical background, and (2) the Chinese system has accumulated the most clinical experimentation and application of the two major systems (experience which incidentally repeatedly demonstrates the validity and the necessity of utilizing Five Element Theory in the application of auriculotherapy).

Auriculotherapy, although not as encompassing as body acupuncture, will provide you with another powerful modality in your acupuncture related therapeutical armamentarium. It essentially gives you a secondary method of handling patients with multiple symptoms where body acupuncture alone is not producing the desired results, especially after the second or third body acupuncture treatment. In the second paragraph on page 269, sixth line, underscore the quotation from the Ling Shu, which states: "The ear is the place where all channels (meridians) meet." This statement of course is speaking more of energetical relationships, rather than actual physical contact by the meridians.

(1) Read and Study section (1) starting on the bottom of page 269 entitled: "The Distribution of the Auricular Points and the Auricular Areas". Underscore the entire first paragraph of that section at the bottom of page 269, and the continuing two lines on page 270. Under normal healthful conditions, no abnormal manifestations should be observed on any part of the ear. Thus when they do appear, these "reaction points" or auricular points can serve as the very basis for your diagnosis and for your treatment. More on this later in this Lesson.

Read subsection #1 (The Distribution of the Auricular Points) on pages 270, 271 and 273 of the textbook. For this subsection, we will not be following the textbook's chart on un-numbered page 272, but instead the long "SUPPLEMENTARY PAGE" included with this Lesson which

is a copy of the Ear Acupuncture diagram of Chart #4 of the China Cultural Corp. Acupuncture Chart Set. This "Supplementary Page" is provided for your convenience in studying the Auriculotherapy portion of this Lesson, so that you can make marks and notations on it if you so desire, without having to write directly on your actual copy of that diagram. Be sure to pay special attention to the footnote in the bottom left hand corner of the "Supplementary Page" entitled "NOTE:", and this of course also applies to the Ear Acupuncture diagram on Chart #4 of the China Cultural Corporation Acupuncture Chart Set.

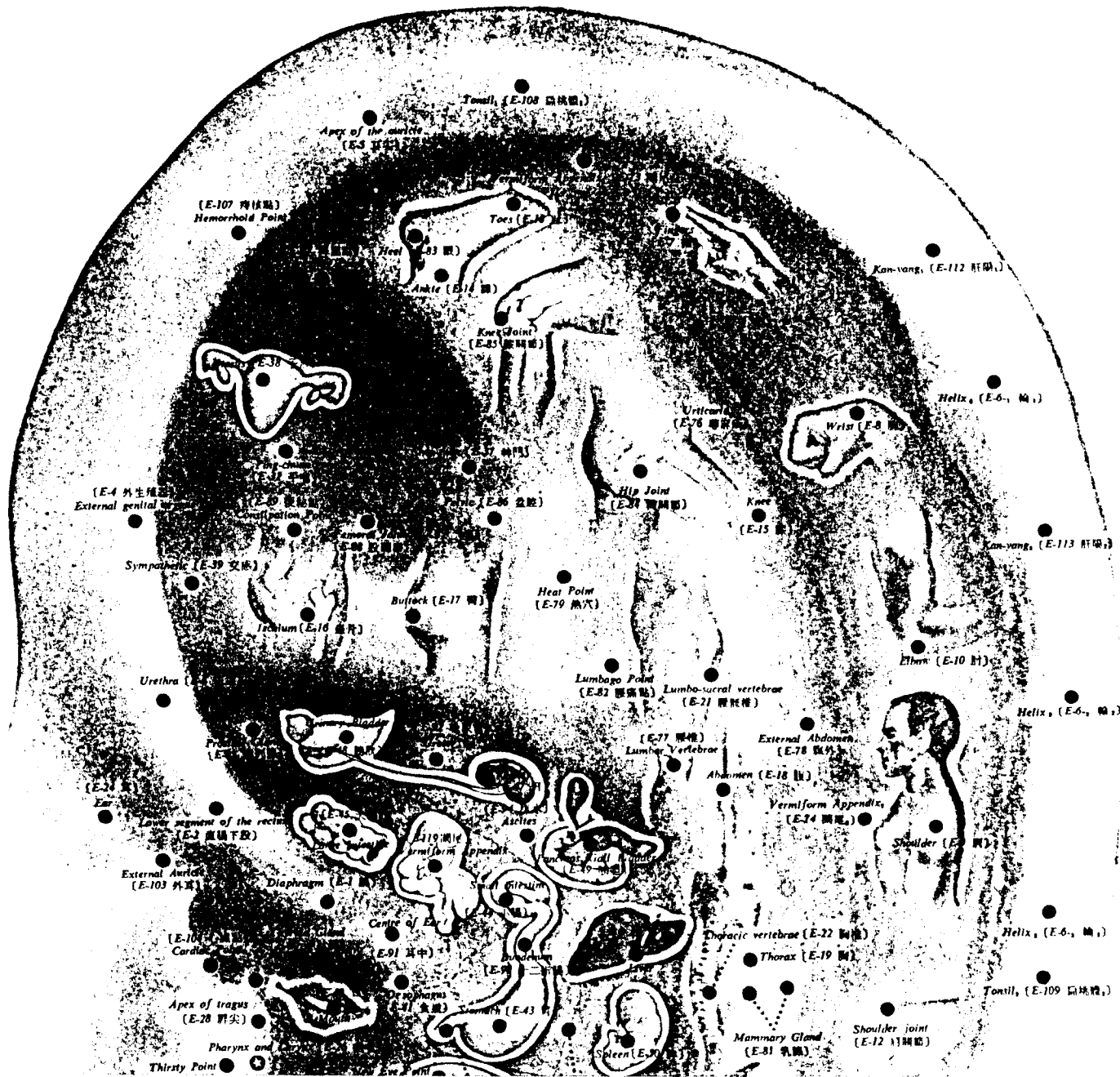
To clarify the textbook's "Anatomy of the Auricle" diagram (Fig. 125 on page 270) please write in your text the following common names to replace the medical terminology printed in that diagram, and referred to throughout the balance of this Lesson.

<u>TEXT'S MEDICAL TERMINOLOGY</u>	<u>COMMON REPLACEMENT TERMINOLOGY</u>
Supra-crura antihelicis	Supra-antihelix
Fossa triangularis	Delta fossa (or triangular fossa)
Tubera helicis	Auricular tuberculum
Infracrura antihelicis	Infra-antihelix
Crus helicis	Helix crus (or root or limb of helix)
Incisura intertragica	Intertragic notch
Lobus Auriculae	Ear lobe
Cauda helicis	Tail of the helix

To adapt the textbook's information to the "Supplementary Page" chart we are using (which is the Ear Acupuncture diagram on Chart #4 of the China Cultural Corp. Acupuncture Chart Set), we will have to make a few corrections. Mark in your textbook the below listed corrections for the correspondingly lettered paragraphs (ie. a, b, c, d) on pages 270, 271 and 273 of the textbook.

- a. In this paragraph, "Upper and Lower Jaws" are points #E-65 and #E-66 respectively on the "Supplementary Page" chart.
- b. Occiput is point #E-31 (Back of Head), and point Dingchuan is #E-32 on the "Supplementary Page" chart.
- c. Diaphragm is point #E-91 (Center of Ear) on the "Supplementary Pg."
- d. Chest is point #E-19 (Thorax) on the "Supplementary Page" chart.
- f. Sciatic Nerve is point #E-16 (Ischium) on the "Supplementary Page".
- i. Throat is point #E-26 (Pharynx and Larynx) on "Supplementary Page".
- j. External Ear is point #E-103 (External Auricle) on that page.
- k. Endocrine is point #E-34 (Internal Secretion) on the "Supplementary" Page" chart., and delete the word "Ovary" as this is located on the antitragus.
- o. Groove for Lowering Blood Pressure is point #E-55 (Depressing Groove) on the "Supplementary Page" chart.

(2) Study over the tables entitled "The Corresponding Regional Anatomy of the Auricular Points" in section 2. (Location of the Auricular Points) on pages 273 through to 277 inclusive. Mark the following corrections and additions right in your textbook in order to standardize it to the "Supplementary Page" chart supplied with this Lesson and thus to your China Cultural Corporation Acupuncture Chart #4, Ear Acupuncture diagram.



<u>Page</u>	<u>Auricular Area</u>	<u>Name of Points</u>	<u>Regional Anatomy</u>
273	The Helix	Lower portion of rectum	Delete the words "Large Intestine". Add "#E-93 (Prostate)".
274	The Antihelix	Sciatic nerve	Add " = #E-16 (Ischium)"
274	The Antihelix	Chest	Add " = #E-19 (Thorax)"
275	The Cymba Conchae	Small Intestine	Delete the textbook's location and put "directly above point Stomach".
275	The Cymba Conchae	Duodenum	Delete the textbook's location and put "directly below point Small Intestine".
276	The Cavum Conchae	Sanjiao	Delete the textbook's location and put "directly below #E-114 (Upper Abdomen)".
276	The Antitragus	Brain point	Delete in the textbook's location the word "midpoint" and substitute the words "lateral upper third".
276	The Antitragus	Testis (Ovary)	Note that point <u>Ovary is not the same point as Testis</u> (although Testis point is correctly located) as the Ovary point is medial to point Eye 2 (#E-36) on "Supplementary Page" chart.
276 -277	The Ear Lobe:	Look over the "Supplementary Page" chart and note that the ear lobe is divided into nine sections or areas by horizontal and vertical dotted lines. Number the area which contains point #E-65 (upper left hand section) as Area #1. Move right to point #E-60 (Tongue) and mark that area as Area #2. Mark the section containing point #E-61 (Maxilla) as Area #3. Continuing on with the three sections below these, the area with #E-66 in it is Area #4, that with point #E-54 is Area #5, and the one with point #E-63 in it is Area #6. The middle section in the very bottom row of three sections, with point #E-111 in it is Area #8. This now standardizes your "Supplementary Page" chart with the text's Ear Lobe locations.	
277	The Back of the Auricle	Groove for lowering blood pressure	This is Depressing Groove (#E-55) on the "Supplementary Page" chart. Note however that on that chart (and on the China Cultural Corp. Chart #4) the location indicated by the dotted line for point #E-55 is slightly off (too far to the right) and should be corrected to correspond with the groove that starts where point #E-56 (Upper Back) is shown. The Upper Back point (#E-56) itself should be slightly more to the left as well, as shown in the 'back of the ear diagram' of Fig. 127a. of the textbook, on un-numbered page 272.

The next two pages of this Study Guide are a "Cross Reference Table of Auricular Points" that we have compiled for your convenience. It cross-indexes corresponding China Cultural Chart #4, Chinese Ear Model and Textbook auricular points to each other for handy reference.

## CROSS REFERENCE TABLE OF AURICULAR POINTS

CHINA CULTURAL CORP. ACUPUNCTURE CHART #4		CHINA EAR MODEL* AND ACCOMPANYING BOOKLET		TEXTBOOK, FIG. 127a UNNUMBERED PG. 272
NO	NAME	NO	NAME	NAME (Unnumbered)
E-1	Diaphragm	1	Diaphragm	Diaphragm
E-2	Lower Segment of Rectum	2	Lower Segment of Rectum	Lower Portion of Rectum
E-3	Urethra	3	Urethra	Urethra
E-4	External Genital Organs	4	External Genital Organs	External Genitalia
E-5	Apex of Auricle	5	Apex of the Auricle	Ear Apex
E-6 <sub>1</sub>	Helix 1	61	Helix 1 (61)	Helix I
E-6 <sub>2</sub>	Helix 2	62	Helix 2 (62)	Helix II
E-6 <sub>3</sub>	Helix 3	63	Helix 3 (63)	Helix III
E-6 <sub>4</sub>	Helix 4	64	Helix 4 (64)	Helix IV
E-6 <sub>5</sub>	Helix 5	65	Helix 5 (65)	Helix V
E-6 <sub>6</sub>	Helix 6	66	Helix 6 (66)	Helix VI
E-7	Fingers	7	Fingers	Finger
E-8	Wrist	8	Wrist	Wrist
E-9	Shoulders	9	Shoulder	Shoulder
E-10	Elbow	10	Elbow	Elbow
E-11	Clavicle	11	Clavicle	Clavicle
E-12	Shoulder Joint	12	Shoulder Joint	Shoulder Joint
E-13	Toes	13	Toes	Toe
E-14	Ankle	14	Ankle	Ankle
E-15	Knee	15	Knee	Knee
E-16	Ischium	16	Ischium	Sciatic Nerve
E-17	Buttock	17	Buttock	Buttocks
E-18	Abdomen	18	Abdomen	Abdomen
E-19	Thorax	19	Thorax	Chest
E-20	Neck	20	Neck	Neck
E-21	Lumbo-sacral Ver- tebrae	21	Lumbo-sacral Ver- tebrae	Lumbo-sacral ver- tebrae
E-22	Thoracic Vertebrae	22	Thoracic Vertebrae	Thoracic Vertebrae
E-23	Cervical Vertebrae	23	Cervical Vertebrae	Cervical Vertebrae
E-24	Ear	24	Ear	-----
E-25	Nose	--	-----	-----
E-26	Pharynx and Larynx	26	Pharynx and Larynx	Pharynx
E-27	Internal Nose	27	Internal Nose	Internal Nose
E-28	Apex of Tragus	28	Apex of Tragus	Tragic Apex
E-29	Adrenal Gland	29	Adrenal Gland	Adrenal
E-30	Forehead	30	Forehead	Forehead

\* The China Ear Model (with accompanying booklet) refers to a set of two lifesized plastic ear models from the People's Republic of China. They are available through the Association's Book Store and are currently priced at \$12.00 for the set of two (Type A and Type B --- right ear and left ear respectively). Please see catalog description. These ear models are most helpful in locating ear acupuncture points and show the topography of the ear (grooves, depressions, valleys, etc.) better than any flat chart or diagram can, and are an excellent learning and patient demonstration aid. They do not however show all of the auricular points given on the China Cultural Corp. Chart #4 or in the textbook, but rather the major (most often used) ear points.

## CROSS REFERENCE TABLE OF AURICULAR POINTS, CONTINUED ...

CHINA CULTURAL CORP. ACUPUNCTURE CHART #4		CHINA EAR MODEL AND ACCOMPANYING BOOKLET		TEXTBOOK, FIG. 127a UNNUMBERED PG. 272
NO	NAME	NO	NAME	NAME (Unnumbered)
E-31	Back of head	31	Back of head	Occiput
E-32	Ping-chuan	32	Ping-chuan	Dingchuan
E-33	Subcortex	33	Subcortex	Subcortex
E-34	Internal Secretion	34	Internal Secretion	Endocrine
E-35	Eye 1	35	Eye 1	Eye I
E-36	Eye 2	36	Eye 2	Eye II
E-37	Shen-men	37	Shen-men	Shenmen
E-38	Uterus	38	Uterus	Uterus
E-39	Sympathetic	39	Sympathetic	Sympathetic Nerve
E-40	Mouth	40	Mouth	Mouth
E-41	Oesophagus	41	Oesophagus	Esophagus
E-42	Cardiac Orifice	42	Cardiac Orifice	Cardiac Orifice
E-43	Stomach	43	Stomach	Stomach
E-44	Small Intestine	44	Small Intestine	Small Intestine
E-45	Large Intestine	45	Large Intestine	Large Intestine
E-46	Liver	46	Liver	Liver
E-47	Kidney	47	Kidney	Kidney
E-48	Urinary Bladder	48	Urinary Bladder	Urinary Bladder
E-49	Pancreas, Gall Bladder	49	Pancreas, Gall Bladder	Pancreas, Gall Bladder
E-50	Spleen	50	Spleen	Spleen
E-51	Heart	51	Heart	Heart
E-52	Lung	52	Lung	Lung
E-53	San Jiao	53	San Jiao	Sanjiao
E-54	Eye	54	Eye	Eye
E-55	Depressing Groove	55	Depressing Groove	Groove for lowering blood pressure
E-56	Upper Back	56	Upper Back	Upper portion of the back
E-57	Lower Back	57	Lower Back	Lower portion of the back

(2) Read and Study section (2) starting on the bottom of page 277 entitled: "How to Select Points in Auriculotherapy". Regarding sub-section #1 thereof, all four methods outlined are satisfactory and should make you realize how important it is to know traditional as well as modern medical theories or treatment principles, in auriculotherapy. Remember too, that BESIDES THESE FOUR METHODS OF SELECTING AURICULAR POINTS, you can also choose to treat the "reaction points" mentioned in the last paragraph on page 269 (ie. points of increased reaction to conduction of electric current, morphological changes or discolorations, etc.). Here the ear gives its own hints as to what points need treatment and thus can serve a diagnostic function as well in that these reaction points give you clues as to the body's internal condition, and provide you with actual auricular points to treat for that condition.



Regarding subsection #2 (Reference for Selecting Auricular Points in Diseases of Various Systems): This subsection provides a good general guideline, so study it thoroughly and try to perceive "why" the listed points have been selected for each of the various systems or disease types. Our special added section on "The Most Commonly Used Points in Auriculotherapy" at the end of this Lesson will greatly assist you here as well, for it provides the more functional individual aspects of point selection.

(3) Read and study the section (3) entitled "Probing of the Auricular Points", on pages 278 and 279.

Under subsection #1 (Point Tenderness Method) on page 279, underline the last sentence in that paragraph: "The doctor should make sure that ..... the degree of pain sensation with each point probed." In those rare cases when the ear fails to show any tender points (when the patient is ill of course) or if the ear is unusually tender and sensitive, apply a gentle massage to the ear with your fingers for a few moments. This will usually bring out the reactive areas.

Under subsection #2 (Electro-Exploratory Method) on page 279, note that the Acuprobe I unit supplied with this program is ideally suited to detect reactive areas on the ear. Usually, the Course adjustment of that instrument does not have to exceed the #2 position. If the Acuprobe I detects more than four or five highly reactive areas on one ear, then most likely the adjustment is set too high, or the ear has not been thoroughly cleaned. The normal electrical resistance of the ear is around 300,000 up to 1,000,000 ohms on a healthy individual. Under conditions of pathology the resistance will drop down to 100,000 to 20,000 ohms, and it is this drop in resistance that the Acuprobe I detects, causing the buzzer to sound.

Under subsection #3 (Direct Inspection Method) on page 279, we add below some of the usual reactions, their common expressions and indications:

REACTION	EXPRESSION	INDICATION
Discoloration	(a) White spots or white 'dandruff' with dark gray or a redish border.  (b) White small spots with a redish border	Appendicitis, arthritis, cardiopathy, eye diseases, gall bladder diseases, gastric ulcer, gastritis, gynecological diseases, headache, liver diseases, nephritis, vertigo.
Deformation	(a) Point-shaped depressions  (b) Protuberant stripes or nodules.	Appendicitis (chronic), cardiopathy, crippling caused by external injury, hepatomegaly, hypertrophy, metaplastic ossification, tuberculosis, deformation or degeneration of the vertebra.

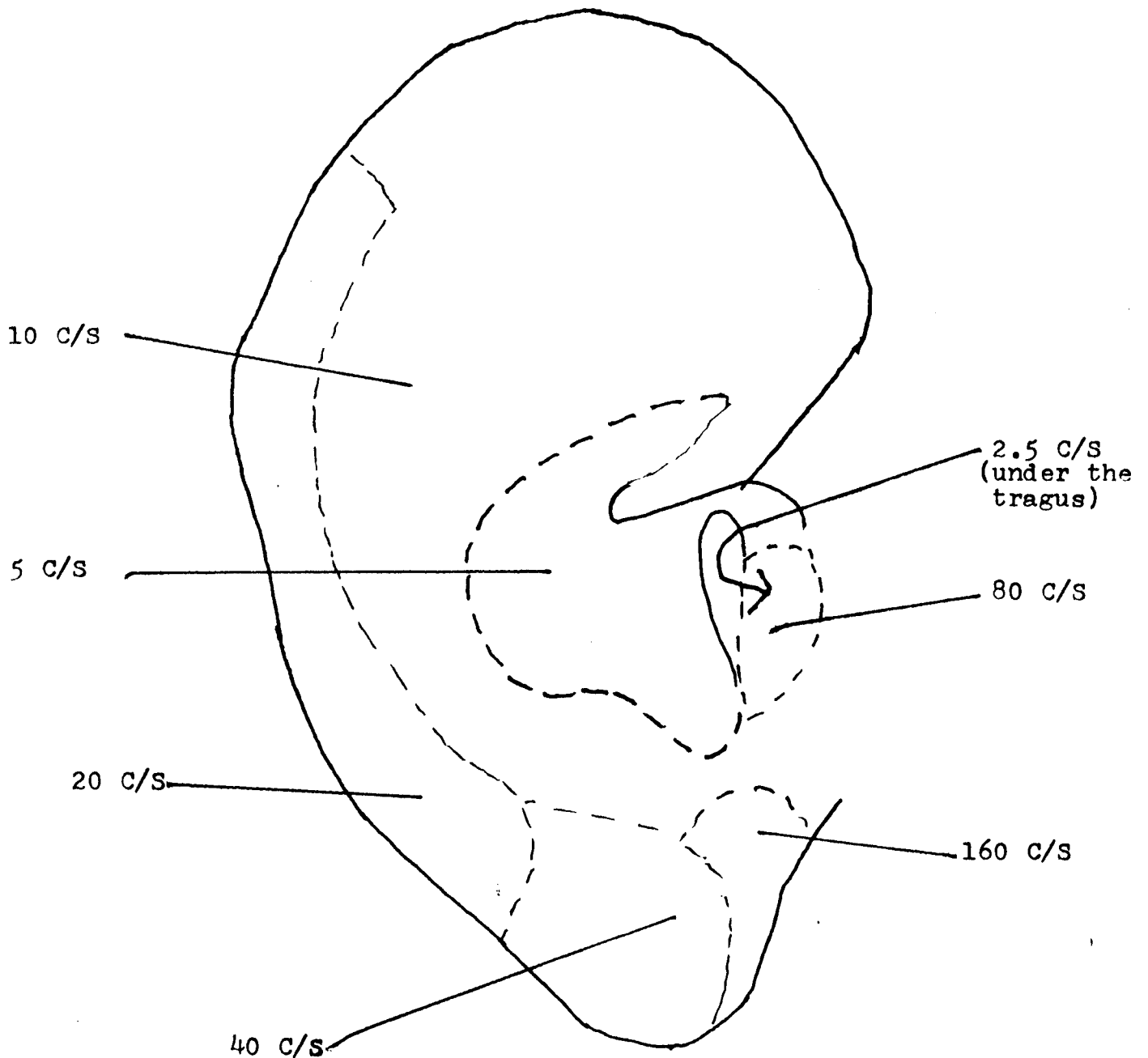
REACTION	EXPRESSION	INDICATION
Papules	Red or white pointed papules (similar to "goose pimples").	Cardiopathy, cystitis, gynecological diseases, intestinal disorders, kidney diseases, tracheitis, pulmonary tuberculosis.
Desquamation (skin peeling)	White, flaky husk-like dandruff at the lung area and the lower rim of the helix crus.	Dermal diseases, gynecological diseases, poor function of intestinal absorption.

NOTE: Manifestations and reactions at the acupuncture points of the ear correspond to the same side (ipsilateral) of the body in which the disease is located in about 80% of the patients. Approximately 20% of the patients will show auricle manifestations and reactions on the opposite (contralateral) side of the body to which the disease is located, and one should therefore check both ears for these diagnostic clues. One final comment regarding reactive points that you should bear in mind is, that the more numerous these reactive points are, the more serious is the illness, and the harder it will be to cure the resulting condition(s).

(4) Read and Study section (4) entitled "Puncturing Method" on the bottom half of page 279. Underscore in the first paragraph (a) the words "apply local sterilization". Although care must be taken not to penetrate the ear or the cartilage, the needle must be inserted sufficiently deep into the skin of the auricle in order to give proper stimulation. Underscore the last sentence of paragraph a. which reads "Generally, when there is.....result is much more satisfactory."

Under paragraph b. of this section, note the last sentence stating "In some cases, implanting the needle for one to seven days is also advisable." If you wish to use this implanted needle method, we advise the use of the 'Press Needle' for it. Originally engineered by the Chinese, the tiny 'thumb-tack-like' Press Needle is convenient and safe to use, especially since the insertion depth is limited by the very nature of its design. Basically, leaving the Press Needle inserted in the ear acupuncture point for one to three days gives a light stimulation (tonification effect) and leaving it inserted for five to seven days gives a strong stimulation (sedation effect). Before inserting the press needles, the ear must be thoroughly wiped with 75% alcohol, and after implantation a sterile bandage or adhesive patch should be applied over the needle to help hold it in place. Another covering method is to apply the clear-drying "Nu-skin" liquid bandage available at your local drugstore. If you do intend to utilize Press Needles, the best way to handle these tiny needles is with a special holder designed for that purpose, called a PRESS-SERT. Many acupuncturists also use the PRESS-SERT with a Press Needle installed for stimulation of the ear acupuncture points (without implanting or leaving the needle in the ear) since it serves as a handle, and the Press Needle itself limits the insertion depth. Information on the PRESS-SERT may be included with this Lesson if available. Implanted Press Needles however are not recommended in warm, humid climates as there is a greater risk of auricle infection in such climates.

One can also stimulate the ear acupuncture points and reactive points on the ear electronically (without needles), following the guidelines given in the preceding Lesson on Electro-Acupoint Therapy. The conical-head tip of the WQ-10A works well for this, as does the special curved auricular tip or the Q-Tip electrode of the Accu-O-Matic IVA. Keep in mind that much less current is required when stimulating ear points (25 - 50 microamperes on the O-Matic and very low intensity on one channel only of the WQ-10A) as compared to body acupuncture points. The diagram below gives the specific frequencies for different parts of the ear (according to Nogier) that seem to give optimal treatment results when utilized. C/S stands for Cycles per Second (or Hertz).



Another highly potent recent technique is the use of Ion Pellets or Ion Granules. These are small metal spheres (smaller than a B.B.) that are bandaged to the acupuncture points of the body or the reactive points of the ear with an adhesive plaster backing, to provide a continuous stimulation while the patient is out of the clinic (in between treatments). They are painless and easy to use, and give the patient an added psychological benefit in that the patient has something to "show for the treatment" (like a take home prescription). There are basically three types of Ion Granules on the market today:

1. Gold Ion Granules: These impart a tonifying effect upon the acupuncture point. Although suitable for body acupuncture point stimulation, they are extremely effective on ear acupuncture points, especially if used with some type of pre-stimulation (ie. needle-less electronic stimulation of the site before applying the granule). For the tonifying effect they should be left in place for two to five days. If the Gold Ion Granules are left on longer than five days, they will start to have a sedation effect instead.

2. Silver Ion Granules: These impart a sedating effect upon the acupuncture point. As with the gold granules, they are extremely effective on ear acupuncture points, especially when applied in conjunction with pre-stimulation (stimulation of the site before applying the granule). For optimal sedation stimulation, the Silver Ion Granules should be left in place for four days minimum to ten days maximum.

3. Stainless Steel Granules: These are not very useful clinically, and do not have O.I.C.S. recommendation. It is generally conceded that the actual mechanism involved with Ion Granules is the ionization of the metallic element over the acupuncture point in conjunction with the skin's secretion. The actual pressure effect of the granule on the acupuncture point is secondary to this ionization effect. Since stainless steel does not ionize very quickly in comparison to silver and gold, stainless steel granules only impart a pressure effect, and thus are not recommended clinically.

When applying these granules, caution the patient not to press on them too strongly or wiggle them around too much. They will generally not come off in the bath or shower if the ear has been thoroughly cleaned before application. Also caution the patient that if they wish to remove the patches (ie. remove the Gold ones on the fifth day) to tilt their ear towards the ground so that the granule does not roll down the ear canal (this remark applies to Press Needles as well). When you remove them, always check to see that the granule itself is accounted for before throwing the Ion Granule and adhesive plaster backing away. Ion Granules are for one time use only and cannot be reused. If treatment is on a weekly basis, the Ion Granules are usually removed at each treatment and a new one applied if necessary. If treatment is on a twice weekly basis, the Ion Granules may or may not be removed, depending on whether or not the acupuncturist wishes to treat the point that the patch has been applied to. For use on body acupuncture points it is essential that the acupuncture point be pre-stimulated to get the maximum effect from the Ion Granules. Ion Granules represent one of the best ways (other than leaving a needle inserted) to continue treatment on a point in between treatments, and are highly recommended by this Institute.

Under paragraph c. of section (4) "Puncturing Method" on page 279, underscore the entire paragraph and add: "Another course of treatments may be started after a patient rest interval of five to ten days." Regarding treatment of ear acupuncture points, the general consensus is to use no more than three to five points per treatment session on each ear. Both the left and right ears may be stimulated in the case of bilateral organs (ie. lungs, kidneys) or only the affected side in other cases (ie. ankle or wrist injury). The same 80/20 percentage for ipsilateral and contralateral action of the ear acupuncture points respectively [see "NOTE:" on page 7], applies to the treatment of points on the ear as well, in that eighty percent of the patients must have the ear treated that is on the same side of the body as the side the problem or disorder exists on. That still means that twenty percent of the patients must have the left ear treated for a problem or disorder that exists on the right hand side of their body, and vice versa. If the disorder exists on both sides of the body, then one can stimulate the appropriate acupuncture point(s) on both ears. Many beginning ear acupuncturists indeed stimulate the same points on both ears for all conditions when they are first learning, "just to make sure", however professionals (once they establish whether the patient's ears react ipsilaterally or contralaterally) soon cease doing that from the standpoint of saving time.

Study thoroughly the entire section (5) entitled "Remarks" on the top of page 280 for it gives excellent guidelines. Below are some further general hints and comments:

1. If inflammation is found at the needle site after treatment(s), it should be wiped with tincture of iodine or an appropriate antiseptic. BEWARE that the ear has much innervation, but little vascularization, and thus once it gets infected, it is very difficult to treat. You are asking for trouble if you use un-sterilized needles, or improper local sterilization techniques at the points, in auriculotherapy.
2. If there is bleeding at the needle insertion site, it should be stopped by applying a sterile cotton ball on the site with firm pressure. During needling, attention should be paid in keeping away from small blood vessels, however sometimes the removal of a few drops of blood from a point can promote the therapeutic effect.
3. It is generally better to use a fine gauge needle on the ear (ie. 32 gauge) rather than a heavier gauge (thicker) needle. The ear is one of the most sensitive and painful areas to needle.
4. In treating chronic diseases and diseases that have been treated previously by other methods with insufficient results, the primary ear points may be treated with several needles at the same time, approaching the point from several different angles, to prove a super strong amount of stimulation to those points in exceptional cases.
5. In inserting a needle on the ear, use your opposite thumb to grasp the periphery of the ear around the insertion site, and the index finger of the same hand to support the posterior side of the site. This will help control the depth of insertion and reduce some of the pain. Any rotation of the needle should be accurate and swiftly done.

6. Due to the large number of points on the auricle, it is helpful to study a lifesized ear model before attempting to apply therapy on a patient's ear, and in the beginning to learn and work only with the points on that model, adding further points as you progress.
7. The key to success in auriculotherapy depends closely upon whether the reactive/acupuncture points are accurately detected/located.
8. Always have the patients wash their ears prior to auriculotherapy.
9. Massage or continuous pressure with a probe tip (like that on your Acuprobe I unit) upon an auricular point does have some therapeutic effect when applied for two to three minutes at each desired point.
10. O.I.C.S. recommends Electro-Acupoint Therapy (needle-less electronic stimulation) as the treatment method of choice for auriculotherapy as far as lay acupuncture practitioners are concerned. Even if you are a physician or legally able to use needles, we still recommend that you use the needle-less electronic methods instead of the needles.
11. Do not get too engrossed in ear acupuncture because of its deceptive simplicity and the limited topographical area involved --- it is a secondary system to body acupuncture, and should be used only when body acupuncture fails to give the desired results or as a supplement to body acupuncture. A lot of beginning practitioners make the mistake of relying too heavily on auriculotherapy to the point of gradually excluding body acupuncture, and for that very reason do not obtain the therapeutic results of the more experienced acupuncturists who use ear acupuncture in its rightful perspective --- as a secondary modality.

#### CONTRAINDICATIONS FOR AURICULAR THERAPY (EAR ACUPUNCTURE)

In addition to the contraindications given in Lesson 28 for Needle Acupuncture and in Lesson 29 for Electro-Acupoint Therapy, the following contraindications are generally observed in administering auriculotherapy:

1. Take special precaution when treating anemic patients, especially using acupuncture needles or Press Needles. Such patients should be warned of possible side effects like nausea, vomiting or fainting.
2. Children of less than seven years of age should not be needled on the ear. Ion pellets are the treatment choice for young children.
3. NEVER treat in cases where the ear is inflamed (ie. frostbite).
4. Semi-permanently implanted ear needles (commonly known as ear "staples") are NOT recommended at any time, and definitely not during the summer months or in warm, humid climates, due to greater chances of infection occurring under those circumstances.
5. Auricular therapy is not recommended for pregnant women between the first and fifth month, especially at primary points like uterus, ovary, abdomen, pelvis, internal secretion, etc. After this period, extreme caution should be taken to avoid inducing premature labor contractions as a result of stimulating the ear acupuncture points. Generally, after the fifth month, ear stimulation is only used in persistent cases of pain, and then only by experienced practitioners.

DELETE the material covered in your textbook on the last half of page 280 and on all the following pages right through to and including the top half of page 290. The therapies presented in those pages (point injection, strong stimulation on the points and thread imbedding) are procedures not recommended by this Institute, and no final examination questions will be asked regarding those three therapies.

For those of you who are interested in it, there is a section in the back of your textbook from the middle of page 290 through to page 299, entitled "E. A BRIEF INTRODUCTION TO ACUPUNCTURE ANESTHESIA". The information in that section is generally correct although a bit dated, but it will give you good background on how that technique is performed. Any information in that section (E) will not however be subject to testing for O.I.C.S. final examination purposes. Please note that this type of acupuncture for surgical operations should properly be referred to as acupuncture analgesia, rather than acupuncture anesthesia. If you look those two underscored words up in a medical dictionary you will see why! Bound into your textbook between page 298 and 299 are two very good acupuncture charts that you will also find interesting and useful.

#### HAND ACUPUNCTURE

This section of this Study Guide is in reference to the two Hand Acupuncture diagrams (palmar and dorsal views) on Chart #4 of the China Cultural Corp. Acupuncture Chart Set as supplied to participants.

Hand acupuncture is a special technique recently developed in China after long clinical experience with a number of unique extra-meridian (non-meridian) acupuncture points on the hands, that is used mainly to treat acute conditions, and is now widely accepted and used throughout the world. Although there are over fifty of these special hand points in use, the twenty-nine points represented by the black dots on the China Cultural Corp. Chart #4 hand diagrams, are those of proven clinical usefulness. Note that black dot points H-29, H-30 and H-31 are actually meridian points (namely TW-4, CO-5 and LU-10 respectively in China Cultural Corp. terminology) and are shown mainly for reference purposes similar to HG-7 and HG-8 (green dots). These hand points are not to be confused with the newly discovered (N points) and curious or strange points (S points) on the other China Cultural Corp. acupuncture charts.

These special hand points need a very strong stimulation in order to give full therapeutic results, yet the use of these hand points is simple, safe and their effects are rapid in acute disorders. Only one to three points are used per treatment, and while the point is being treated it is best to have the patient exercise the affected area if possible. Points are usually chosen and treated on the contralateral side to the disease (ie. H-2 point on left hand for problems with the right ankle) and the specific points on both hands are treated if the disease is bilateral. The two H-1 points on the same hand are always treated simultaneously in cases of sciatica and acute lumbago, on the contralateral side to the condition if it can be localized, or on both hands if the condition exists on both sides of the body. Electro-Acupoint Therapy does not however work as well on these hand points as actual needle stimulation itself. Keep that in mind.

### HAND ACUPUNCTURE (Continued)

Most of the twenty-nine hand points (thirty-two black dot points numbered H-1 to H-31 with two different locations for the H-1 point on each hand, for a subtotal of thirty-two points, less the three meridian points mentioned on the previous page, for a total of twenty-nine) are named according to their corresponding therapeutic action or part of the body that they treat, although other indications have been discovered for some of them [ie. Chest (H-3) which is indicated for intercostal neuralgia, chest pain due to traumatic injury, vomiting, epilepsy, diarrhea and pain caused by herpes zoster], and they are used therapeutically on that basis. A large Hand Acupuncture Chart is available from the Association's Book Store which lists many of these extra indications (current price \$8.00). As well there is a plastic hand model available from the Association that shows all of the points given on the China Cultural Corp. Chart #4 in a more realistic and lifelike manner that no flat chart can match (current price \$7.00).

In hand acupuncture then, you have another secondary treatment modality available to you, that is very effective in a number of acute conditions. It is highly recommended by the Institute.

### HEAD OR SCALP ACUPUNCTURE

This section of this Study Guide is in reference to the four Head Acupuncture diagrams at the bottom of Chart #4 of the China Cultural Corp. Acupuncture Chart Set. Head needling therapy, also known as Scalp needling therapy is a new technique that has arisen from modern research in neurophysiology combined with traditional acupuncture methods, and is based on the rationale that the scalp is nearest in location to the brain itself and thus might be effective in treating brain disorders. In its development, it was originally used to treat brain related disorders (ie. paralysis, cerebral thrombosis, intracranial inflammation, Parkinson's disease), but now it has been further developed to treat such other disorders as: Urticaria, lumbar sprain, trigeminal neuralgia, sciatica, ishialgia, tinnitus, allergic bronchial asthma, Meniere's Syndrome, etc. A great many of the actual stimulation "areas or lines" have been determined by modern investigations into cerebral cortical functions, first investigated during surgical operations. Because this method of therapy is more in line with the Western approach to medicine, head acupuncture seems to be easier for Western medical doctors to learn and understand.

Treatment is based in accordance to the corresponding indicated area (ie. Stomach area, Visual area, Speech area, Foot Motor Sensory area). Heavy gauge needles (28 or 26) are used for stimulation and inserted parallel to the skull just underneath the skin. The needles are usually twirled at a speed of around two hundred times per minute for one half to one minute and up to five minutes, with the needle left in place (at rest) for another five to ten minutes afterwards. As with Hand Acupuncture, the stimulation has to be fairly strong in order to get the optimal results. Although it seems to work best with needles, reports from Electro-Acupoint Therapy practitioners show good results in simply sliding the electrode back and forth along the appropriate area lines for a longer period at a fairly strong current intensity.



HEAD OR SCALP ACUPUNCTURE (Continued)

Since comprehensive treatment by this method does require some knowledge of the neurophysiology involved (ie. cranial nerves, cortical motor-sensory activity) an excellent little book is available from the Association for those of you who are interested in this type of therapy entitled: Scalp-Needling Therapy, edited and translated by P.S. Yau and published by Medicine and Health Publishing Company, Hong Kong (current price \$7.50). This book is highly recommended by the Institute and covers the subject thoroughly.

THE MOST COMMONLY USED POINTS IN AURICULOTHERAPY (Ear Acupuncture)

The following indications for the below listed points are based on vast clinical experience by Chinese practitioners. Note how Five Element diagnostic and application principles are of extreme importance when choosing points based on an individualized traditional approach to treatment via the ear. The numbering system used (ie. E-46, E-50) refers to the China Cultural Corporation nomenclature as utilized on Chart #4 of their Acupuncture Chart Set.

**LIVER (E-46):** This point can be used for promoting the liver and the gall bladder, to drive out perverse wind, to regulate the blood, to brighten the eyes, and regulate the muscles and the sinews. The diseases that can be treated by the use of this point are: Hemiplegia; myasthenia; sprains; convulsions; cramps; hemorrhagic disorders; eye diseases; and vertigo.

**SPLEEN (E-50):** This point can influence digestion, nourish the flesh, promote the blood, and increase the vitality. Diseases that can be treated by use of this point are: Anemia; gastritis; muscular atrophy; hemorrhoids; and stomatitis.

**HEART (E-51):** This point can calm down the heat of the heart (in Chinese pathology), relax the mind and maintain the spirit, as well as check the secretion of sweat (ie. in purification). The diseases that can be treated by use of this point are: Neurasthenia; mental disorders; hypertension and hypotension; insomnia; glossitis; pharyngitis; laryngitis; stomatitis; cardio-vascular disorders (with caution); amnesia; etc.

**LUNG (E-52):** This point can control the respiration, promote the pumping of blood, eliminate heat, assist urination, as well as nourish the skin and body hair. The diseases that can be treated by use of this point are: Sore throat; skin diseases; rhinitis; asthma; cough; falling out of the hair; and general respiratory disorders.

**KIDNEY (E-47):** This point can strengthen the Ancestral Energy, nourish the bones, facilitate the "waterways", conserve the spinal cord, and strengthen the ears. The diseases that this point can treat are: Nephritis; gynecological diseases; impotence; tinnitus; deafness; eye diseases; alleviate pain of fractures; and periodontal diseases.  
Caution: This is a very strong acting point.

**LARGE INTESTINE (E-45):** This point can aid the excretion of the scum. Diseases that it can treat are: Dysentery; enteritis; diarrhea; appendicitis; constipation; colitis; hemorrhoids; and the incontinence of feces.

**SMALL INTESTINE (E-44):** This point can aid the promotion of digestion by helping separate nutrients from the excrement. The diseases that this point can treat are: Indigestion (dyspepsia); diarrhea; gastric and duodenal ulcers; angina; palpitation; insufficient lactation; sore throat and swollen lymph glands of the neck.

**STOMACH (E-43):** This point can promote digestion, and since the stomach has a tendency towards downward movement, this point can also check nausea and vomiting. Diseases that this point can treat are: Stomach ulcers; gastritis; gastralgia; loss of appetite; neurosis; schizophrenia; epilepsy; insomnia; hysteria; and toothache. (The meridian of the Stomach enters the teeth, then follows the natural hairline to reach the forehead and cranium.)

**PANCREAS, GALLBLADDER (E-49):** This point can help reserve the bile and 'pure liquid' (see Lesson 14). The diseases that this point can treat are: Indigestion; hypersecretion of stomach acid; pancreatitis; diabetes mellitus; migraine; cholecystitis; ascariasis of the biliary tract; gall stones; deafness; tinnitus; rigidity of the neck; excessive dreams; and is of ancillary value in the treatment of some eye diseases.

**URINARY BLADDER (E-48):** This point helps to contain the fluid. The diseases that this point can treat are: Acute and chronic cystitis; prostatitis; incontinence of the urine; diuresis; anuria; headache; lumbago; sciatica; neurasthenia; insomnia; and glomerular nephritis.

**SAN JIAO (E-53):** This point can synthesize all the functions of the five viscera and the six bowels. The diseases that this point can treat are: Cardio-vascular disorders; endocrine disorders; reproductive disorders; dyspnea; indigestion; anemia; abdominal distention; peritonitis; improve the coagulation of the blood; reduce swelling.

**SHEN-MEN (E-37):** This point can calm the Heart and mind, and relieve pain. Indications: Insomnia; schizophrenia; counteract poison; reduce heat; restlessness; general body pain; reduce inflammation; regulate the autonomic nervous system; pruritis; asthma; epilepsy; and hypertension. Caution: This is a very strong acting point, and it is generally only treated unilaterally (on one side only).

**SYMPATHETIC (E-39):** This point has strong action for spasmolysis of internal organs and the gripping pain of intestinal ulcers. Indications: Circulatory disorders; arrhythmia; premature labor contractions; eye diseases; hypertension; pruritis; insomnia; and general body pains.

**ADRENAL GLAND (E-29):** This point can regulate the function of the adrenal gland and the adrenal cortex. Indications: Reduces inflammation; decreases swelling; reduces fever; checks bleeding; controls vascular tone (hypertension and hypotension); allergies; rheumatism; shock; skin diseases; and asthma.

INTERNAL SECRETION (E-34): This point represents the entire endocrine system. Indications: Diseases caused by endocrine disturbances; allergies; rheumatism; digestive disorders; some skin disorders; gynecological disorders; urinary disorders; and blood diseases.

SUBCORTEX (E-33): This point has strong action on exciting or inhibiting the cerebral cortex. Indications: Neurological disorders; gastroptosis; visceroptosis; prolapse of the uterus; restores tranquility; reduces pain; reduces inflammation; checks excessive sweating; and shock. Caution: Very strong sedation effects.

BACK OF HEAD [Occiput] (E-31): This point can regulate the nervous system, respiratory system, the eyes and skin. It is very useful for sea sickness and car sickness. Indications: Neck pains; rigidity of the neck; eye diseases; skin diseases; relieves pain; soothes cough and asthma; and reduces inflammations.

BRAIN STEM (E-105): This point can regulate the midbrain, the pons, and the medulla oblongata. Indications: Strong anti-spasmodic effect; drives out the wind (in Chinese pathology); meningeal irritation; opisthotonos; shock; after-effects of cerebral concussion; cerebral palsy; convulsions; allergies; relieves pain; and checks bleeding.

BRAIN POINT (E-69): This point can regulate the function of the pituitary gland. Indications: Endocrine disorders; gynecological disorders; diabetes insipidus; enuresis; sedates the nervous system; and can induce sleep.

UTERUS (E-38): Indications: General gynecological disorders. In the male, general genitourinary disorders and impotence.

FOREHEAD (E-30): Indications: Sedate and relieve pain; vertigo; neurasthenia; insomnia; toothache; sinusitis; and rhinitis.

TEMPLES (E-70): Indications: Migraine; sleeping sickness; vertigo; syncope; and tension headache.

PAROTID GLAND (E-67): Indications: Parotiditis; obstruction of the parotid duct; carotid artery stenosis; pruritis; and skin diseases.

PING-CHUAN (E-32): This point can regulate the respiratory center, soothe asthma, relieve allergies and difficult breathing. It may also be used to treat some skin diseases.

TESTIS (E-68): Indications: Sexual dysfunctions; orchitis; epididymitis; etc.

OVARY (E-102): Indications: Sexual dysfunctions; irregular menstruation; ovaritis; sterility; etc.

EXTERNAL GENITAL ORGANS (E-4): Indications: Inflammation of the glans penis; eczema of the scrotum; impotence; and low back ache.

URETHRA (E-3): Indications: Urethritis; urethrorrhea; urethrostenosis.

PHARYNX AND LARYNX (E-26): Indications: Sore throat, hoarseness; tonsillitis; bronchitis; laryngitis; aphasia; etc.

INTERNAL NOSE (E-27): Indications: Rhinitis; sinusitis; common cold; ulcerations of the nasal membranes; epistaxis; etc.

MOUTH (E-40): Indications: Stomatitis; glossitis; lockjaw; etc.

LOWER SEGMENT OF RECTUM (E-2): Indications: Hemorrhoids; prolapse of anus; incontinence of the feces; enteritis; etc.

DIAPHRAGM (E-1): Indications: Spasms of the diaphragm (ie. hiccough); skin diseases; gynecological hemorrhaging; blood diseases; epistaxis.

APEX OF THE AURICLE (E-5): This point is usually needled with Bleeding Technique (whereby two or three drops of blood are removed at each treatment). Indications: Reduces fever; hypertension; reduce inflammation; relieve pain.

TONSIL 1,2,3,4 (E-108, E-109, E-110, E-111): Indications: tonsillitis; laryngitis; etc.

HELIX 1,2,3,4,5,6 (E-6-1, E-6-2, E-6-3, E-6-4, E-6-5, E-6-6): As with the Apex of the Auricle point, these points are usually needled with Bleeding Technique as well. Indications: Reduces fever; reduces inflammations; decreases swelling.

EYE (E-54): Indications: Acute conjunctivitis; keratitis; ametropia; pterygium; superficial punctate keratitis following exposure to welder's flashburns or ultraviolet light.

EYE 1 (E-35): Indications: Acute and chronic glaucoma; cataracts; optic atrophy; etc.

EYE 2 (E-36): Indications: Astigmatism; eye diseases in general.

EXTERNAL AURICLE (E-103): Indications: Deafness; tinnitus; infections of the ear, etc.

EAR (E-24): Indications: Deafness; tinnitus; furuncle of the external auditory canal; Meniere's Syndrome; and infections of the internal ear.

Other commonly used points are named according to the region which they influence and are self explanatory. Examples are: Shoulder, Shoulder-Joint; Clavicle; Elbow; Wrist; Fingers; Neck; Knee; Toes; Cervical vertebrae; Thoracic vertebrae; Lumbo-sacral vertebrae; Maxilla; Mandible, etc.

The use of acupuncture therapy for the management of addiction to cigarette smoking, and weight control in cases of exogenous obesity, is a rather recent innovation adapted from the discovery a few years ago in Hong Kong that acupuncture could be used for the detoxification of drug addicts and especially the treatment of their withdrawal symptoms. The nice feature of the below outlined smoking and weight control program as far as lay acupuncture practitioners are concerned, is that it is not necessary to use needles to get good results. The formulas given below work best if one can pre-stimulate the ear points before applying the Ion Granules to the points (ie. use Electro-Acupoint needle-less electronic stimulation). The Ion Granules of course are left in place on the patient's ears to continue the stimulation and therapy between the treatments (the patient can apply mild pressure on the patches for a few seconds when he/she feels the urge to smoke/eat). The Ion Granules are usually replaced at every treatment, and treatments continue (weekly suggested) for up to ten weeks if necessary. The use of Ion Granules on the essential or supplementary body acupoints after needle-less electrical stimulation (ie. WQ-10A) is optional with the patient/practitioner. Exact electronic location of all points and thus placement of the Ion Granules is essential. The secondary formula is used if the primary formula does not get good results within a few treatments. These are very powerful formulas and the patients should be warned of possible nausea, headache, etc., in which case they can remove the Ion Granules until the next treatment when the formula used can be re-evaluated. NOTE: The patient must sincerely want to lose weight or quit smoking, or these formulas will not have much effect (payment of fees for such treatments often indicates good motivation on the part of the patient). Also the practitioner must give the patient verbal reinforcement and encouragement/congratulations, and in weight control, dietary and/or change-of-lifestyle counseling is strongly recommended. Although we can only briefly outline the procedure and clinical methods in this Lesson, the latest smoking and weight control techniques (and anticipated progressive results thereof) are fully covered at the O.I.C.S. Advanced Seminar-Workshops. All points given below are in China Cultural Corp. Acupuncture Chart names and numbers.

### SMOKING CONTROL FORMULA

Primary: Lower Lung area (E-52), both ears with Silver Ion Granules;  
 Shen-men (E-37), one ear only with Gold Ion Granule;  
 Kidney (E-47), opposite ear to Shen-men only, with Silver Ion Granule.

Essential Body Points: Chiapi (S-15) on both sides of nose; Yintang (S-3).

Secondary: (1) Change Lower Lung area to Upper Lung area (E-52) on both ears, and again use Silver Ion Granules.  
 (2) Switch the Shen-men (E-37) and Kidney (E-47) points to opposite ears from those used in previous treatments, again using Gold and Silver Ion Granules for Shen-men and Kidney points respectively.

### WEIGHT CONTROL FORMULA

POINTS: Hungry (E-100) both ears with Silver Ion Granules; Mouth (E-40) both ears with Silver Ions; Stomach (E-43) both ears with Silver Ions; Lower Lung area (E-52) both ears with Silver Ions; Shen-men (E-37) both ears with Gold Ion Granules.

POINT SELECTION: From these above five points select a combination of any two based on the patient's personality profile regarding the cause of over-eating, or the two most "reactive" points to pressure sensitivity or to maximum current conduction of your electronic point locator (ie. highest reading and/or loudest buzzing). Regarding patient's personality profile the following generally applies: If they are hungry all of the time (disordered appetat mechanism) use Hungry points; If they are the "mouth"-hunger type (smokers, talkers, constant mouth movements, impulse eaters) use Mouth points; If they are "stomach"-hunger type (keep on eating after full, nibble long after everyone else has stopped eating) use Stomach points; Food "addicts" (chocolates, sweets, loves food) use Lung points; If psychological overlay (anxiety, frustration, anger, insecurity, bored, under tension) use the Shen-men points.

SUPPLEMENTARY BODY POINTS: ST-13, ST-19, ST-21, ST-36, SP-6.

## CHAPTER V

# OTHER THERAPEUTIC METHODS

In this chapter we shall introduce a few other therapeutic methods which have been developed on the base of acupuncture, some after the founding of the People's Republic of China, and especially since the Great Proletarian Cultural Revolution, by the broad masses of medical workers through the method of combining traditional and modern medicine.

### A. AURICULOTHERAPY

Auriculotherapy is to treat disease by puncturing certain areas of the auricle. It is a traditional method of treatment and a component part of acupuncture. The relationship between the ear, internal organs and channels was recorded more than 2,000 years ago in *Huangdi Nei Jing (Canon of Medicine)*. The chapter "Kou Wen Pien" in *Ling Shu* says, "The ear is the place where all the channels meet." Treating disease with ear-needling is noted down through the ages. Since 1956 the method has been used throughout China, and the number of points used has increased to more than 200 through repeated experiments and clinical practice. We introduce 73 frequently used points.

#### (1) THE DISTRIBUTION OF THE AURICULAR POINTS AND THE AURICULAR AREAS

When there is pathological change in the internal organs or other parts of the body, certain manifestations may appear in various portions of the auricle such as tenderness, increased reaction to conduction of electric current, morphological change or discoloration, etc. These locations

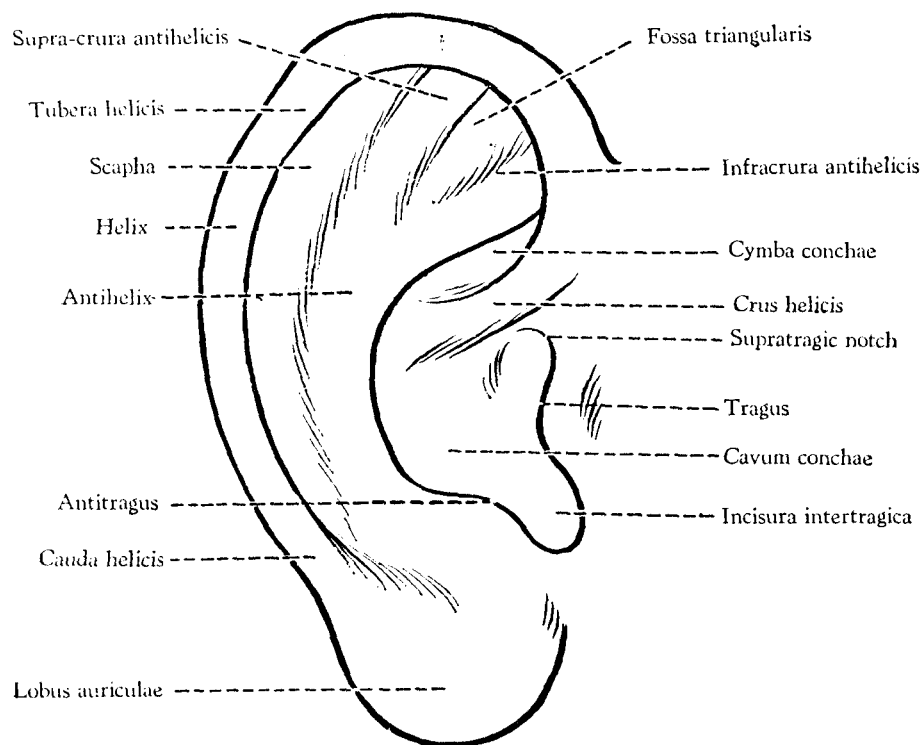


Fig. 125. The Anatomy of the Auricle

with the above manifestations are called “auricular points” or “reaction points” and serve as stimulation points for auriculotherapy.

### 1. The Distribution of the Auricular Points:

The auricular points are distributed on the ear in a definite manner. Generally speaking, the ear simulates a fetus within the womb, in an upside-down position, with the neck region downward and the gluteal region upward, such as shown in Fig. 126.

The auricular points are distributed as follows:

a. The lobe of the ear corresponds to the facial region and includes Pts. Upper and Lower Jaws, the Hard and Soft Palates, Eyes, Inner Ear, Tonsils and Tongue. (See Fig. 127a.)

b. The antitragus corresponds to the head region and includes Pts. Subcortex, Occiput, Forehead, Pt. Dingchuan (Soothing Asthma) and Parotid.

c. The helix crus corresponds to the diaphragm.

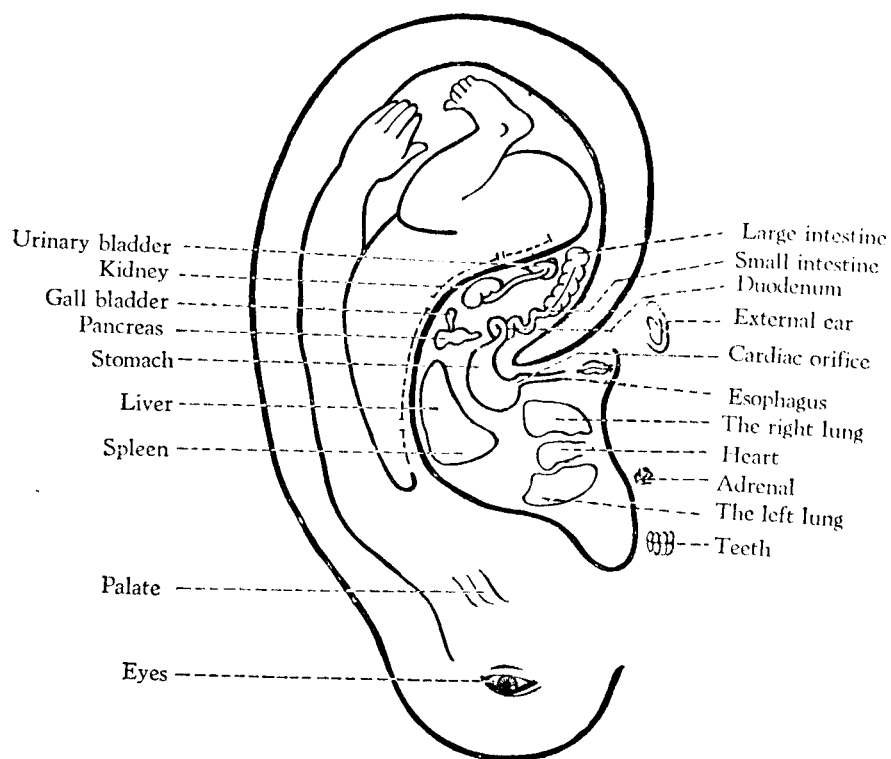


Fig. 126

- d. The antihelix corresponds to the spinal column and includes Pts. Cervical, Thoracic, Lumbar and Sacral Vertebrae. The medial aspect includes Pts. Neck, Chest and Abdomen, etc.
- e. The supra-antihelix crus corresponds to the lower extremities and includes Pts. Toes, Heel, Ankle and Knee.
- f. The infra-antihelix crus corresponds to the gluteal region and includes Pts. Sciatic Nerve, Buttocks, Sympathetic Nerves, etc.
- g. The deltoid fossa corresponds to the genital organs and includes Pts. Uterus, Ear-Shenmen, and Hip Joint.
- h. The scapha corresponds to the upper extremities, including Pts. Clavicle, Shoulder Joint, Arm, Elbow, Wrist, Fingers, etc.
- i. The tragus corresponds to Pts. Inner Nose, Throat, Tragic Apex, Adrenal Gland, etc.
- j. The supratragic notch corresponds to Pt. External Ear.
- k. The intertragic notch corresponds to Pts. Endocrine, Ovary, etc.
- l. The cyma conchae corresponds to the abdominal region including Pts. Urinary Bladder, Kidney, Pancreas, Gall Bladder, Liver, Spleen, etc.



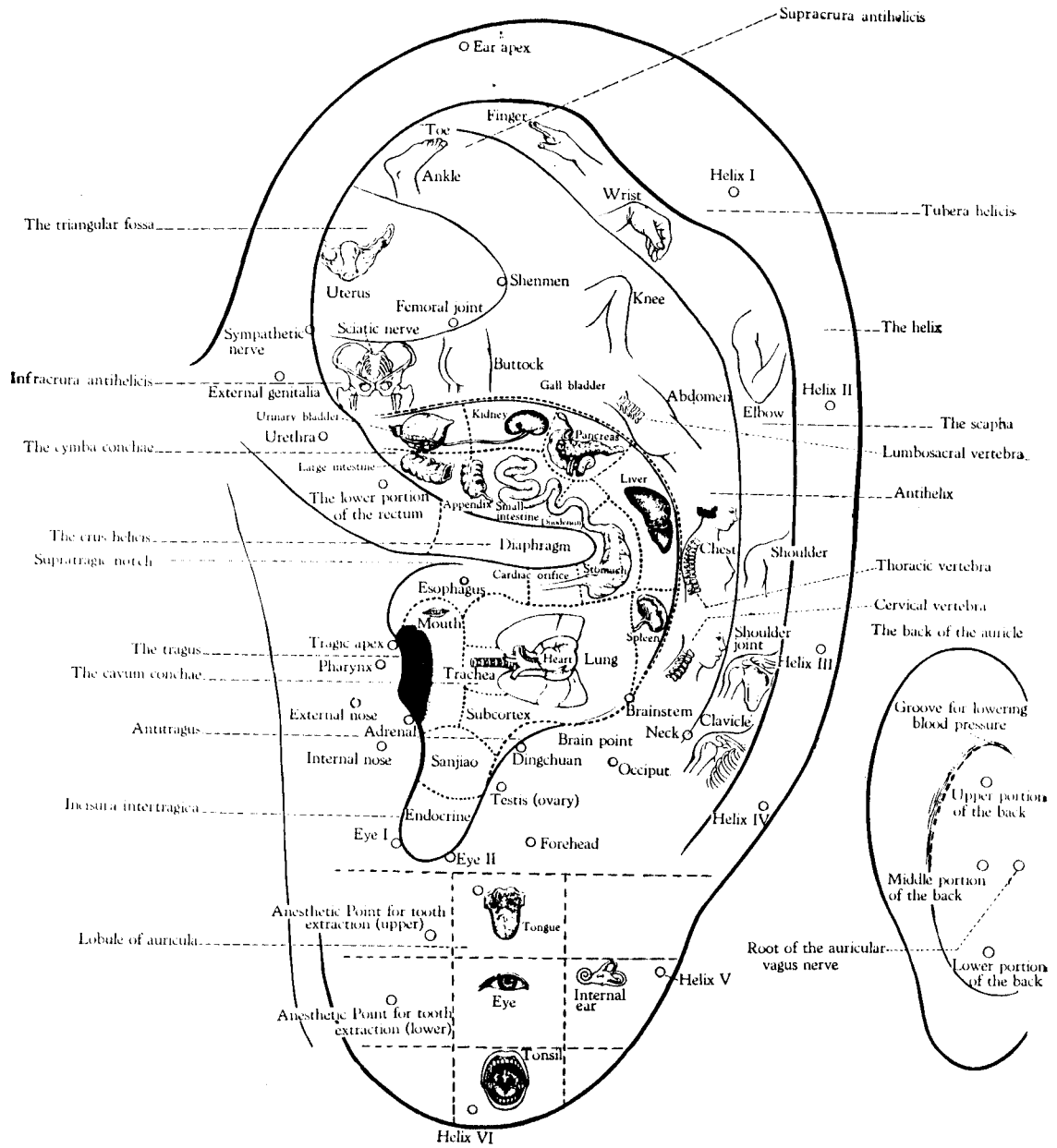


Fig. 127a. The Corresponding Regional Anatomy of the Auricular Points

m. The cavum conchae corresponds to the chest region which includes Pts. Heart, Lungs, and Sanjiao (the three portions of the body cavity).

n. Region around the helix crus corresponds to the digestive tract including Pts. Mouth, Esophagus, Cardiac Orifice, Stomach, Duodenum, Small Intestine, Appendix and Large Intestine.

o. The back of the ear corresponds to the back region, including Pts. Upper and Lower Back and Groove for Lowering Blood Pressure.

## 2. Location of the Auricular Points:

The regional anatomy of the auricular points is illustrated in Fig. 127a. There are different views concerning the localization of the auricular points as the shapes and sizes of ears vary among individuals. The following table may serve as reference for localizing points.

**The Corresponding Regional Anatomy of the Auricular Points**

Auricular Areas	Name of Points	Regional Anatomy
The Helix Crus	Diaphragm	On the crus of the helix
The Helix	Lower portion of rectum	On the end of the helix below Pt. Large Intestine
	Urethra	On the helix, at level of Pt. Urinary Bladder
	External genitalia	On the helix, at level of lower corner of antihelix
	Ear apex	Fold auricle towards tragus; the point is at tip of auricle
	Helix I, II, III, IV, V, VI	Divide into 6 divisions the helix from the lower border of helix notch to lower border of mid portion of ear lobe
The Antihelix	Toe	On the lateral corner of the supra-antihelix crus
	Ankle	Slightly below medial corner of supra-antihelix
	Knee	At antihelix, at level of upper border of infra-antihelix crus

Auricular Areas	Name of Points	Regional Anatomy
The Antihelix	Sciatic nerve	On midpoint of medial aspect of infra-antihelix crus
	Buttocks	On midpoint of lateral aspect of infra-antihelix crus
	Abdomen	At antihelix, level with inferior border of infra-antihelix crus
	Chest	At antihelix, level with supratragic notch
	Neck	At junction of antihelix and antitragus
	Lumbo-sacral, thoracic, and cervical vertebrae	Draw two horizontal lines respectively from Pt. Lower Portion of Rectum and Pt. Shoulder Joint; divide curved line of medial border of antihelix within distance of these two horizontal lines (this curved line corresponding to the vertebral column) into 3 equal parts. From above downward: first part includes the lumbo-sacral vertebrae, the second the thoracic vertebrae and the third the cervical vertebrae
The Scapha	Finger	In the scapha, at the upper border of the auricular tuberculum
	Wrist	In the scapha, level with the auricular tuberculum
	Shoulder	In the scapha, level with the supratragic notch
	Elbow	Between Pt. Wrist and Pt. Shoulder
	Clavicle	In the scapha, level with Pt. Neck
	Shoulder joint	Between Pt. Shoulder Joint and Pt. Clavicle
The Deltoid Fossa	Ear-Shenmen	In the inferior corner of the bifurcating point of antihelix
	Uterus	In the middle of border of deltoid fossa of helix

Auricular Areas	Name of Points	Regional Anatomy
The Deltoid Fossa	Sympathetic nerve	In deltoid fossa at junction of infra-antihelix crus and medial border of helix
	Femoral joint	In lateral third of lower border of deltoid fossa
The Cymba Conchae	Urinary bladder	At the lower border of infra-antihelix crus, superior to Pt. Large Intestine
	Kidney	At lower border of infra-antihelix crus, superior to Pt. Small Intestine
	Pancreas, gall bladder	Between Pt. Liver and Pt. Kidney (Pancreas is at left and gall bladder at right)
	Liver	Posterior to Pt. Stomach and Pt. Duodenum
	Spleen	In lower portion of Pt. Liver
	Large intestine	In medial third of superior aspect of helix crus
	Small intestine	In middle third of superior aspect of helix crus
	Appendix	Between Pt. Large Intestine and Pt. Small Intestine
	Duodenum	In lateral third of superior aspect of helix crus
The Cavum Conchae	Esophagus	At the medial two-thirds of the inferior aspect of the helix crus
	Cardiac orifice	At the lateral third of the inferior aspect of the helix crus
	Stomach	In the area where the helix crus terminates
	Mouth	Near posterior wall of opening of external auditory meatus
	Heart	In centre of dimple of cavum conchae
	Lung	In area surrounding Pt. Heart
	Trachea	Between Pt. Mouth and Pt. Heart

Auricular Areas	Name of Points	Regional Anatomy
The Cavum Conchae	Endocrine	In cavum conchae fundus inferior to tragic notch
	Sanjiao	In centre of triangle formed by Pts. Mouth, Heart and Endocrine
The Tragus	External nose	In centre of lateral aspect of tragus
	Pharynx	In medial and superior aspect of tragus, just opposite opening of external auditory meatus
	Internal nose	In medial and inferior aspect of tragus below Pt. Pharynx
	Tragic apex	At lateral border of upper part of tragus
	Adrenal	At lateral border of lower part of tragus
	Brain stem	At junction between antitragus and antihelix
	Brain point	At external surface of antitragus, at the mid-point of Pt. Dingchuan and Pt. Brain Stem
The Antitragus	Dingchuan (Soothing Asthma)	At apex of antitragus
	Subcortex	In interior wall of antitragus
	Testis (Ovary)	A part of Pt. Subcortex at lower aspect of interior wall of antitragus
	Occiput	Posterior and superior to lateral aspect of antitragus
The Ear Lobe	Forehead	Anterior and inferior to lateral side of antitragus
	Eye I, Eye II	At both sides of tragic notch, the anterior being Eye I, the posterior being Eye II
	Anesthetic Point for tooth extraction (upper)	In lateral and inferior corner of 1st area of the ear lobe

Auricular Areas	Name of Points	Regional Anatomy
The Ear Lobe	Anesthetic Point for tooth extraction (lower)	At centre of 4th area of the ear lobe
	Eye	At centre of 5th area of the ear lobe
	Internal ear	At centre of 6th area of the ear lobe
	Tonsil	At centre of 8th area of the ear lobe
The Back of the Auricle	Groove for lowering blood pressure	At back of ear in groove starting from superior and medial aspect traversing to inferior and lateral aspect of back of ear
	Upper portion of back of auricle	At upper portion of back of auricle on protuberance of cartilage
	Middle portion of back of auricle	Between upper portion and lower portion of back of ear
	Lower portion of back of auricle	On protuberance of cartilage at lower aspect of ear
	Root of auricle	At junction of back of auricle and midpoint of mastoid, level with helix crus

## (2) How TO SELECT POINTS in AURICULOTHERAPY

### 1. Selection of Auricular Points:

a. Directly select points of the corresponding areas, e.g., select Pt. Stomach for gastralgia, and Pt. Sympathetic Nerve for functional disturbance of the internal organs and vascular circulation.

b. Select points according to the theory of Chinese traditional medicine in differentiating diseases. Besides selecting Pt. Eye in eye diseases, for example, Pt. Liver can also be chosen, because in Chinese traditional medicine the liver is related to the eye. In common cold and skin diseases, Pt. Lung can be selected, for in Chinese traditional medicine the lung is related to the skin and pores.

for lowering blood pressure for hypertension, Pt. Dingchuan for asthma, Pt. Appendix for appendicitis. Pt. Ear-Shenmen is effective in diseases of the nervous system; however, it is also applicable to diseases of other systems. Pt. Sympathetic Nerve and Pt. Endocrine are also broadly used clinically.

## **2. Reference for Selecting Auricular Points in Diseases of Various Systems:**

*a. The digestive system:* Pts. Stomach, Large Intestine, Small Intestine, Pancreas, Gall Bladder, Spleen, Liver, Sympathetic Nerve, Abdomen, Endocrine, Ear-Shenmen.

*b. The respiratory system:* Pts. Dingchuan, Trachea, Lung, Chest, Occiput, Ear-Shenmen, Sympathetic Nerve, Endocrine.

*c. The circulatory system:* Pts. Heart, Lung, Adrenal, Ear-Shenmen, Sympathetic Nerve, Endocrine.

*d. The urogenital system:* Pts. Kidney, Urinary Bladder, Adrenal, Occiput, Ear-Shenmen, Sympathetic Nerve, Endocrine.

*e. Nervous and mental diseases:* Pts. Subcortex, Occiput, Forehead, Heart, Stomach, Kidney and Ear-Shenmen.

*f. Gynecological and obstetric diseases:* Pts. Ovary, Endocrine, Kidney, Uterus and Sympathetic Nerve.

*g. Diseases of the sense organs:*

Ear: Pts. Auricular Canal, Occiput, Adrenal, Kidney, Ear-Shenmen.

Nose: Pts. Inner Nose, Adrenal, External Nose.

Throat: Pts. Throat, Endocrine, Tragic Apex, Kidney, Heart, Adrenal and Ear-Shenmen.

Eye diseases: Pts. Eye I, Eye II, and Liver.

*h. Antiphlogistic and analgesic:* Points of the corresponding areas, Pts. Ear-Shenmen, Adrenal, Occiput, Subcortex.

*i. Skin diseases:* Points of the corresponding areas, Pts. Endocrine, Lung, Adrenal, Ear-Shenmen.

### (3) PROBING OF THE AURICULAR POINTS

For effective treatment, it is necessary, after points are determined, to locate the point of most sensitive reaction within the selected area. Methods for probing are as follows:

### **1. Point Tenderness Method:**

Locate the most sensitive spot for puncture by pressing around the selected auricular area with a probe or the head of a pin until a point is reached where the patient feels the most acute pain. This is considered to be the reaction point for therapy. The doctor should make sure that the pressure applied each time in probing, and the duration, are the same, and that the patient compares carefully the degree of pain sensation with each point probed.

### **2. Electro-Exploratory Method:**

This method determines the points of maximum conduction of electric current by using the "electro-explorer for acupuncture points." The procedure is to let the patient hold the hand electrode while the examiner takes the probe electrode and explores the selected area on the ear. The point is determined where the indicator of the ammeter of the explorer reaches maximum.

### **3. Direct Inspection Method:**

Occasionally patients may have morphological or colour changes on the auricle or reaction points of the ear, such as excoriation, small black or red dots, vesicles, etc., and these may be referred to as puncturing points.

## **(4) PUNCTURING METHOD**

a. When the point to be punctured is determined, apply local sterilization, then insert the filiform needle at the point either perpendicularly or at a slant. While doing so, care must be taken not to penetrate through the ear. The patient should feel local distention and pain. If there is no reaction, lift and move the needle, tilting it in various directions until the most painful point is found. Generally, when there is marked reaction of distention or soreness the therapeutic result is much more satisfactory.

b. In most cases, the needle should be retained for 20-30 minutes, with intermittent manipulation several times during this interval, or continuous manipulation. The amount of stimulation can be increased by using the electro-needle. In some cases, implanting the needle for one to seven days is also advisable.

c. Treat once daily or once every other day. 5-10 treatments may be considered as one course.



## (5) REMARKS

a. The accuracy of locating the sensitive reaction point bears closely on the therapeutic effect. In case the reaction point cannot be traced, try the corresponding area of the other ear, massaging it first with the fingers; if no marked tenderness is felt after repeated exploration, then puncture corresponding affected areas.

b. Select few but precise points, and select points on the affected side. However, if the sensitive point is more conspicuous on the healthy side, then puncture the healthy side, or both sides, alternately or simultaneously.

c. While the needle is retained in treating patients suffering from painful joints or extremities or other functional disturbances, ask them to exercise their diseased limbs in order to hasten the therapeutic effect.

## B. THERAPY OF POINT INJECTION

Point-injection therapy, a therapeutic method of combining Chinese traditional and Western medicine, was developed on the basis of acupuncture. It was found that the body's resistance to diseases could be enhanced, leading to cure, by injecting certain kinds of drugs into the points or spots of positive reaction. Through the injection, a definite needling sensation may be produced due to physical and chemical stimulation provided by acupuncture and medication.

### (1) DIAGNOSIS BY PALPATION OF POINTS

Diagnosis by palpation of the points means employing the sense of touch in the fingers to examine the anomalies, the manifestations of positive reaction of the points serving as a basis for diagnosis and treatment.

When palpating, ask the patient to assume a comfortable and natural position, allow the muscles to relax, then palpate along the channels and points carefully with the thumb or index finger sliding, pressing or massaging to determine if there are any abnormal changes (manifestations of positive reaction) on the skin, or in subcutaneous or deeper layers. There may be cords or nodes of different sizes and shapes — round, spindle or flat, and they may be hard or soft. Sensitive, tender spots may also be palpated, as well as tubercles or depressions. Tension or flabbiness, discoloration of the skin may at the same time be observed.

Regions for palpation include the Huatuojiagi Point (Extra 21), the Back-Shu Points and the Mu-Front Points, the points of the four extremities which are related to the disease, and Ah Shi Points (tender points).

## (2) METHODS OF TREATMENT

### 1. Selection of Points:

a. Based on palpation of the points, choose those which give marked reaction as the main ones for treatment. Locate the points accurately, grasping the principal contradiction, and it is not advisable to treat too many points at one time. If the reaction is indifferent, then select points of the corresponding channel.

b. Select points according to the general rule, but points of the hands and feet and areas where the muscle layer is thin should be used as little as possible.

### 2. Manipulation:

Before treatment, explain to the patient the particular features of this treatment and the normal reactions which may follow, such as soreness, distention, heaviness and lassitude. A small number of patients may even have fever.

Apply routine sterilization at the point, choose an appropriate syringe, insert the needle precisely to the required depth or to where a definite needle sensation is felt, then draw back the plunger and inject the drug if no blood appears.

The manipulation varies according to the treatment of different diseases. In most diseases the drug is injected at medium speed. In asthenic patients with chronic diseases the injection should be slower and the concentration of the drug low, while in robust patients the concentration can be higher and the injection faster.

### 3. Selection of Drugs:

The drugs used should be easily absorbed, have no side effects, and have certain stimulating properties in order to prolong the acupuncture effect. The pharmacological effect of the drug may also be considered.

The most frequently used drugs are:

a. Placental tissue extract. This is indicated in common diseases, mainly in chronic hepatitis, nephritis, gastric ulcer, allergic diseases, neurasthenia and gynecological diseases.

b. Vit. B1, B12 and vit. C injections are indicated in chronic diseases and in asthenic and senile patients. Needling sensation produced by vit.

B12 is not as strong as with vit. B1. Vit. C is indicated in diseases with hemorrhagic tendency and in cardio-vascular diseases.

c. Drugs such as magnesium sulfate, penicillin, and streptomycin may be used as indicated by the disease.

d. Chinese traditional drugs in injectable form, such as *flos cartami* and *radix angelicae*, may also be used.

e. *Aqua pro injectione* can also be used, as there is no side effect. On the contrary, it may induce physical stimulation which helps in treatment as it produces a certain acupuncture sensation. Since this is of short duration, injection of the liquid should be rapid. Mixing with drugs may be considered.

### (3) REMARKS

a. Attention must be paid when combining drugs to note any contraindications, allergic reactions or side effects. Allergic tests must be done before using drugs with allergic properties. Injection can be done only if the test is negative.

b. The amount and concentration of drugs must be taken into consideration. They should be determined according to the disease condition and the location injected. Generally, in the head region, the amount should be less, the concentration low, the stimulation mild, and injection of the drug slow; while in the trunk region the concentration may be higher, the stimulation stronger, the amount larger and the injection faster. For points of the extremities drugs of low concentration which are mild in stimulation should be used. It is advisable to combine with acupuncture treatment.

c. Generally, it is not advisable to inject into cavities of joints. Attention must be paid to avoid injecting blood vessels.

d. In order to avoid infection, local sterilization is very important. Use less points in aged and asthenic patients, and for those receiving injection for the first time the dosage of drug should not be too large.

e. When injecting points on the back, make sure that the needle does not penetrate into the internal organs.

Precautions must be taken to avoid patients fainting during injection, the needle breaking, or other accidents.

f. Give treatment once every day or every other day. 7-10 treatments are considered as one course. Interval between each course may be 4-7 days.

## C. THERAPY OF STRONG STIMULATION ON POINTS

### — *Treatment of Sequelae of Poliomyelitis*

#### (1) PRELIMINARY ACKNOWLEDGEMENT

The fact that treating sequelae of poliomyelitis (infantile paralysis) with "strong stimulation" therapy resuscitates to varying degrees activity of limbs which have been paralysed for many years gives us new views on this disease. Generally, sequelae of poliomyelitis of more than two years' duration was difficult to cure as most cases are due to the necrosis of the cells of the anterior horn of the spinal cord. But our clinical practice shows that not all the nerve cells of the anterior horn are damaged by the virus infection. Some of the cells may be highly depressed and are in a dormant state, losing their relative balance between excitability and depression. In order to resuscitate the cells, that is to restore them to activity, we give strong stimulation to the nerves beneath the points of the diseased limbs. Marked improvement has resulted in many patients suffering from long-standing motor impairment of their extremities.

However, this is only a preliminary view and still awaits further investigation.

#### (2) INDICATIONS

- a. Mild, moderate type of sequelae of poliomyelitis without marked skeletal deformities.
- b. Partial myoparalysis after meningitis, which is lessening gradually.
- c. Acupuncture treatments may create conditions for plastic surgery in those with fixed deformities of joints and marked myo-atrophy of sequelae of poliomyelitis.

#### (3) STIMULATION TECHNIQUE

- a. Place the patient in proper position (usually lying on side), apply surgical routine preparation and local subcutaneous or intracutaneous anesthesia. Too deep or nerve trunk anesthesia is not required. Then make longitudinal incisions 1.5-2.0 mm. long at the selected points according to their order of arrangement. When the subcutaneous tissue is separated and the "tingling points" are detected, massage the peripheral nerves gently with forceps.
- b. Then apply "strong stimulation" according to the order of the points and the distribution of the nerves.

Following are the stimulation methods of some important points and the way the forceps enter the points:

*Jianzhen (S.I. 9)*: Introduce forceps at the distal end of the incision and apply blunt separation between the long head and the lateral head of the triceps brachial muscle to the medial aspect of the humerus, then vibrate the radial, ulnar and median nerves at a site two-thirds up the upper arm. Raising the forceps slightly and anteriorly, at an angle of 5°-10°, continue to give supplementary vibration to the radial, ulnar and median nerves. Vibration of the circumflex nerve through blunt separation of the medial aspect of the deltoid muscle to the surgical neck of the humerus may be applied for patients who have difficulty in raising their shoulders (see Fig. 128).

*Quchi (L.I. 11)*: Insert the forceps into the incision and tilt upward, separating the brachio-radial muscle and the biceps brachial muscle, vibrat-

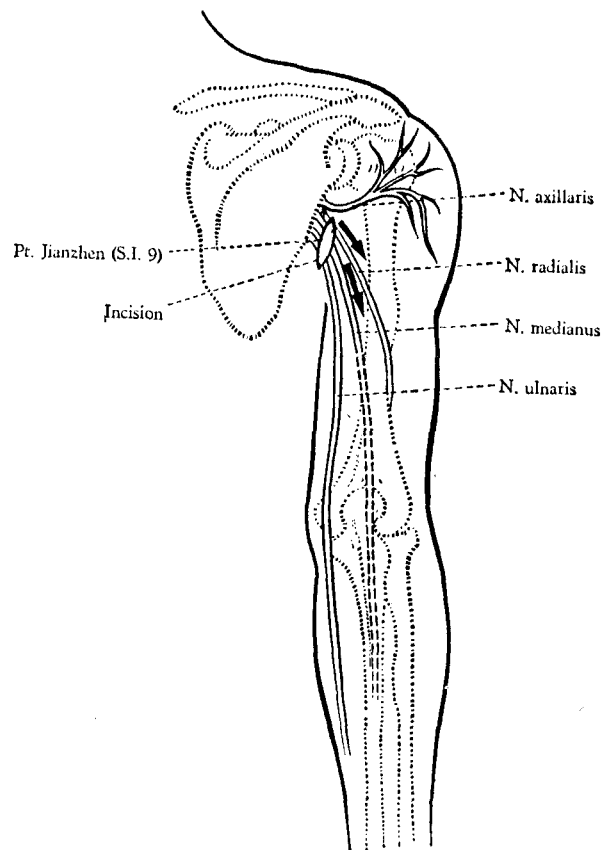


Fig. 128. Incision on Pt. Jianzhen (S.I. 9)

ing the radial nerve. If necessary direct the forceps towards the midpoint of the cubital fossa along the medial border of the brachio-radial muscle and produce supplementary vibration to the median nerve (see Fig. 129).

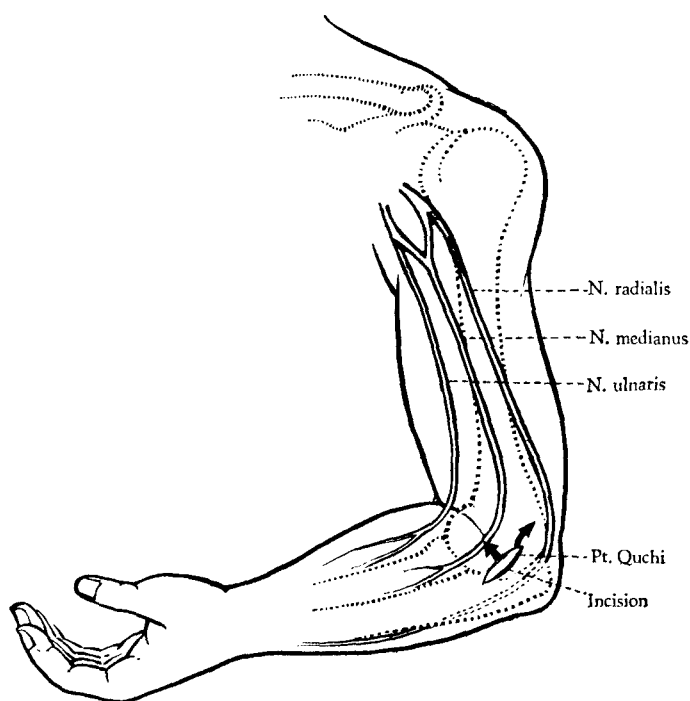


Fig. 129. Incision on Pt. Quchi (L.I. 11)

*Hegu (L.I. 4)*: Stimulate the branches of the radial nerve subcutaneously in all directions. For patients who are unable to flex their fingers or to make a fist, apply vibration to the median nerve and the branch of the ulnar nerve subcutaneously from the palmar surface towards Laogong (P. 8) (see Fig. 130).

*Huantiao (G.B. 30)*: Let the patient lie on side and ask him to flex his hip and knee joints. Make an incision about 2-3 cm. long, 2 cm. superior to the trochanter parallel to the axis of the thigh. Separate the m. gluteus maximus and m. gluteus medius, inserting the forceps from the deep surface of the m. gluteus medius and insert about 2-3 cm. deep posteriorly towards the anterior and inferior aspect of the iliac spine. Then vibrate the superior branch of the superior gluteal nerve. Turning the forceps towards the posterior and superior aspect of the iliac spine, insert

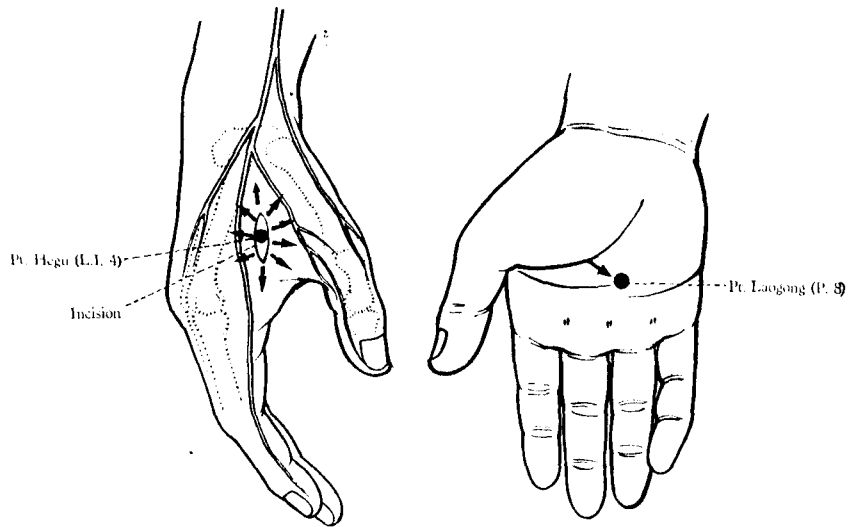


Fig. 130. Penetrate Pt. Hegu Towards Pt. Laogong

the forceps 3-4 cm. deep and vibrate the inferior branch of the superior gluteal nerve. Turn the forceps again towards the midpoint between the major trochanter and the sciatic tubercle, vibrate the n. glutaecus inferior and n. cutaneus femoris posterior and strike at the sciatic nerve to give stimulation.

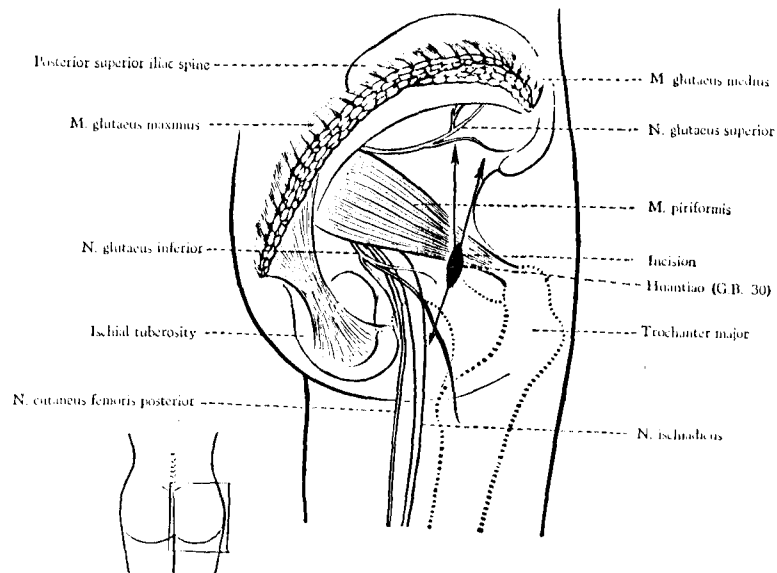


Fig. 131. Incision on Pt. Huantiao (G.B. 30)

*Yanglingquan (G.B. 34)*: Insert the forceps between the m. peronaeus longus and extensor digitorum longus; direct the forceps anteriorly and medially to vibrate the n. peronaeus profundus, then change the direction of the forceps to the posterior and lateral aspect to vibrate the n. peronaeus superficialis. Then introduce the forceps from the posterior and superior of the small head of the fibula to vibrate the n. peronaeus communis subcutaneously, or direct the forceps towards the popliteal fossa to vibrate the n. tibialis subcutaneously (see Fig. 132).

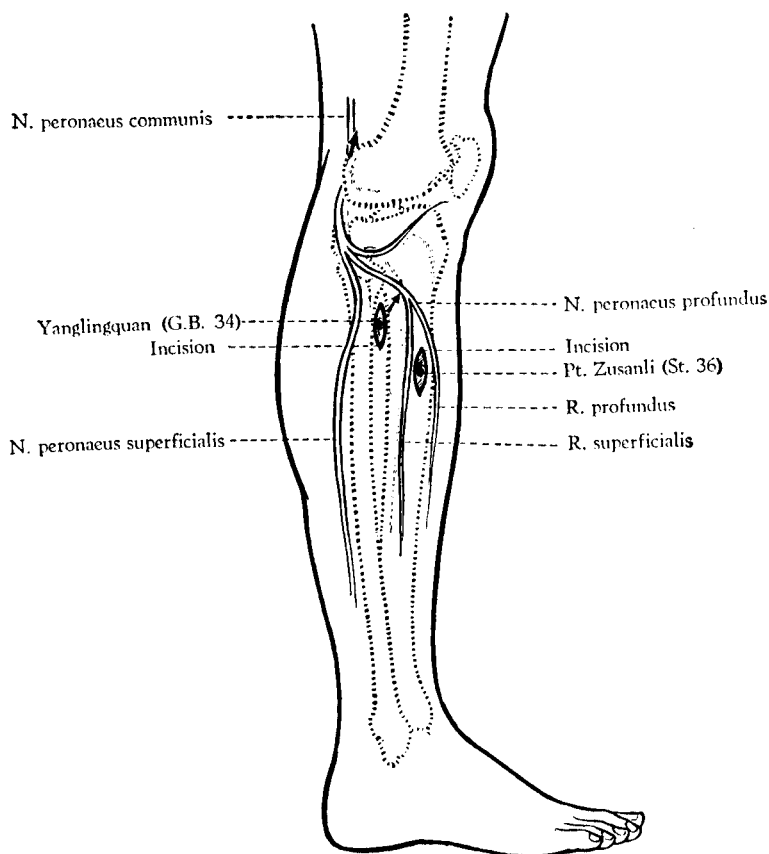


Fig. 132. Incisions of Pts. Yanglingquan (G.B. 34) and Zusanli (St. 36)

*Zusanli (St. 36)*: Insert the forceps between the m. tibialis anterior and m. extensor digitorum longus, vibrate the rami profundus of n. peronaeus profundus medially towards the lateral border of the tibia, then vibrate the rami superficialis of the n. peronaeus profundus.



c. For "strong stimulation," one may imbed catgut intramuscularly and suture if necessary.

#### (4) REMARKS

a. When stimulating (vibrating) the nerves use the blunt vascular forceps and vibrate them rhythmically, with small amplitude but high frequency. Vibrate for about 1 minute, then rest for some time; repeat 3-5 times until the patient experiences a distended, tingling or burning sensation.

Manipulation should be very gentle in order to avoid damaging the nerves and blood vessels, and causing shock. (In case shock occurs, stop manipulating at once and apply anti-shock measures.)

b. During treatment, the patient may have the following sensations:

Soreness and distention: A local sensation during massage of the point.

Tingling: When stimulating the nerve trunk, the sensation occurs in the extremities.

Heat: This sensation is felt in the supplying area during protracted stimulation of the nerve trunk.

Burning: This sensation, similar to that of scalding by hot water, occurs in the area supplied by the nerves when repeated stimulation on the nerve trunk is applied.

The above four kinds of sensation are the reactions to the amount of stimulation applied; i.e., from weak to forceful or from mild to strong. However, not every patient has such reactions.

c. The order of points for stimulation should be like "chasing"; i.e., from the proximal points to the distal points so that the nerve trunk may be stimulated from the proximal area to the distal area.

The order of the points of the lower extremities for stimulation should be arranged as follows: Huantiao (G.B. 30), Yanglingquan (G.B. 34) or Zusanli (St. 36).

The order of the points of the upper extremities: Jianzhen (S.I. 9), Quchi (L.I. 11), Hegu (L.I. 4).

Such order of arrangement may activate the main nerve of the extremity and produce high excitability.

d. Treatments should be combined with active exercises (voluntary or involuntary). It is also advisable to combine with treatment by massage, physiatrics, acupuncture and injection of vits. B1 and B12 to promote the recovery of the function of the nerves.

## D. THREAD IMBEDDING THERAPY

Thread imbedding therapy is a therapeutic method created during the Great Proletarian Cultural Revolution by integrating Chinese traditional and Western medicine. The method is to imbed a piece of catgut in a selected point to produce protracted stimulation. It is effective in sequelae of poliomyelitis, gastric and duodenal ulcer, pain in the lumbar region and legs, bronchial asthma, and in other chronic diseases.

### (1) SELECTION OF POINTS

a. *For gastric and duodenal ulcer:* Zhongwan (Ren 12) joins\* Shangwan (Ren 13), Weishu (U.B. 21) joins Pishu (U.B. 20).

b. *For bronchial asthma:* Shanzhong (Ren 17), Dingchuan (Extra 17) and the corresponding Huatuojiuji Point (Extra 21).

c. *For lumbar and leg pain:*

(a) Strain or lesion of the lumbo-sacral region: Yaoyangguan (Du 3), Dachangshu (U.B. 25) joins Guanyuanshu (U.B. 26) of the affected aspect. The interspace of the spinous process of S2-S3 can also be punctured.

(b) Lumbar muscle strain: Yaoyangguan (Du 3), Shenshu (U.B. 23), Ah Shi Points.

(c) Sacro-iliac region strain: Yaoyangguan (Du 3), Dachangshu (U.B. 25) joins Guanyuanshu (U.B. 26) of the affected aspect, Chengfu (U.B. 36), and the interspace between S2 and S3.

### (2) MANIPULATION

a. After the point is selected, mark the spot for entrance and exit of the needle with gentian violet in order to guarantee accuracy.

b. After local routine sterilization, inject 0.5% procaine into the entrance and exit sites to form an intradermal wheal 1.5-2 cm. in diameter.

c. Make an incision at the "entrance" with the point of a scalpel, then puncture with a medium-size curved needle threaded with catgut (for abdominal region, a straight needle can be used), carry it subcutaneously, and out through the "exit." One end of the catgut is pulled under the skin (the left hand may pinch up the skin while the needle is inserted), then the other end is cut close to the "exit" making sure that the cut end is

\* To join means to puncture two points in one subcutaneous penetration.

not exposed above the skin, as it would be easily infected. After operation, dress with sterile gauze.

d. Determining the "entrance" and the "exit": Select points which are close to one another, such as Zhongwan (Ren 12) and Shangwan (Ren 13); the former may serve as the "entrance" and the latter as the "exit." A single point may be selected such as Shanzhong: the entrance should be 1 cm. superior to the point and the exit 1 cm. inferior to the point. In the lumbo-dorsal region the needle may enter 1 cm. lateral to the point and pass through 1 cm. beyond that point. The direction of the imbedded catgut should form a right angle or a cross with the course of the channel.

e. In the abdominal region, size 00 to size 1 catgut may be used, while in Pts. Shanzhong and Dingchuan sizes 1 to 2 are most often used.

Note: Recently some medical units have used a lumbar puncture needle, threading about 1 cm. of thick catgut into the needle and introducing it into the point. This method is simple; the catgut can be imbedded deeply, and the method is applicable to all diseases in which imbedding therapy is indicated.

## E. A BRIEF INTRODUCTION TO ACUPUNCTURE ANESTHESIA

### (1) THE HISTORY OF ACUPUNCTURE ANESTHESIA

Acupuncture anesthesia, based on acupuncture therapy, which has been used for more than 2,000 years in China, was developed as a result of our country's medical and scientific workers responding to Chairman Mao's instruction in 1958: "**Chinese medicine and pharmacology are a great treasure-house, and efforts should be made to explore them and raise them to a higher level.**" The medical workers combined traditional medicine with that of the Western school and, drawing on the rich experience of centuries of Chinese medical practice in relieving pain and curing illness with needling and displaying the revolutionary spirit of daring to think and to do, they finally succeeded in creating this special Chinese anesthetic technique through repeated clinical practice and investigation.

In the intervening years, especially since the Great Proletarian Cultural Revolution, acupuncture anesthesia has developed tremendously throughout the country. Hundreds of thousands of various kinds of operations have been performed using acupuncture anesthesia, with a success rate above 80%. On the basis of body needling, different medical centres in

China have developed different methods, such as needling of the ear, nose, head, etc., so that operations are now done with this type of anesthesia on various parts of the body, including the heart. After repeated scientific experiments and toppling old barriers, Chinese medical workers have performed more than 100 successful heart surgery operations under extracorporeal cardio-pulmonary circulation with acupuncture as anesthesia.

Over the past fifteen years, much research work has been done concerning the theory of acupuncture anesthesia, and scientific data have been collected which have further promoted acupuncture anesthesia and the development of medical science.

## (2) ADVANTAGES AND SOME PROBLEMS IN ACUPUNCTURE ANESTHESIA

Acupuncture anesthesia is a new type of anesthesia used in surgery which achieves analgesia through needling at specific points of the human body. The patient remains fully conscious, with physiological functions relatively stable, throughout the entire operation. Abundant clinical experience shows acupuncture anesthesia to have the following benefits:

a. It is safe for use in a wide range of indications.

Since acupuncture stimulation does no harm to the body organism, the technique is simple and the results reliable, it is a safe anesthetic to use, with practically no danger of accident.

The question of any undesirable drug reactions is obviated, which is especially important in surgery for patients with impairment of liver or kidney function, or drug allergy. Not only does acupuncture not interfere with normal body functions, but it helps to regulate them, fortifying the body against extrinsic trauma and promoting early recovery. Acupuncture anesthesia is also safer than anesthesia by drugs for seriously ill, debilitated or aged patients. Post-operative complications are few and convalescence is comparatively rapid.

b. The patients can co-operate actively with the surgeons.

Acupuncture anesthesia, with the patient mentally alert and the physiological functions normal, has the advantage of the patient being able to co-operate actively during the operation. When drugs are used, the results can often be judged only some time after the operation. This is particularly true of brain surgery, where there is no way of knowing immediately whether any inadvertent damage has been done to the sensory, motor or cranial nerves of patients under general anesthesia. With acupuncture anesthesia, however, apart from the patients' relatively stable

clinical condition and clear mental status, their speech, sensations and limb movements readily indicate the functioning of the central and peripheral nervous system so that injury can be avoided during operation.

In eye surgery for correction of strabismus, acupuncture anesthesia also enables the operative results to be seen at once.

c. Reduced embarrassment of physiological functions promotes early recovery.

Acupuncture anesthesia does not interfere with normal body function. In subtotal gastrectomy under extradural anesthesia, for example, the patient's blood pressure may suddenly drop dangerously low, while with acupuncture anesthesia blood pressure and pulse rate remain stable, there is no post-operative abdominal distention or retention of urine and recovery of intestinal function is rapid. In lobectomy, too, patients given acupuncture anesthesia suffer less than if given ether intratracheal intubation. With the acupuncture method, there is very little fluctuation of blood pressure and pulse rate, the respiration rate is much more steady and the post-operative cough reflex is satisfactory. The patients can eat and move about soon after operation, all of which conduces to early recovery.

d. The method is simple, economical and practical.

As acupuncture anesthesia requires no expensive drugs or complicated anesthesia apparatus, it is suitable for use in rural and mountainous areas.

In a word, acupuncture anesthesia is a very popular anesthetic method which is now used extensively both in China's cities and countryside. It has demonstrated superior features and shows great promise. However, it still has some drawbacks. For example, it has not yet been perfected to the level of producing total analgesia in every case. In some instances, or during certain operations, there has been either incomplete relaxation of the muscles or an unpleasant sensation of retraction of internal organs. These are problems the solution of which requires further study and experience.

### (3) METHODS OF ACUPUNCTURE ANESTHESIA

#### *a. Pre-operative preparation:*

(a) Explaining to the patient: It usually takes some time for people to understand and recognize a new phenomenon before it is generally accepted as such. From ancient times surgical operations had been done with drugs for anesthesia, and this has become a traditional concept.

Acupuncture for anesthesia is something new to most people, and an introduction is necessary, to explain to patients the special features of acupuncture anesthesia. Patients should have adequate knowledge and a correct understanding of this new method. The purpose of anesthesia is to solve the problem of pain and to correct physiological disturbances during the course of an operation. Because, with acupuncture anesthesia, the patient remains mentally clear, every step of the operation must be clearly explained before operation, also the possible occurrence of various unpleasant sensations. Thus mentally prepared, the patient remains calm, is neither nervous nor frightened if there is slight discomfort, and the operation proceeds smoothly. In addition, during certain stages of some operations, the co-operation of the patient is required. For instance, during thoracotomy the patient is asked to perform abdominal breathing so as to overcome the dyspnea incident to open pneumothorax.

It is advisable for patients having acupuncture for the first time to be given a test of their sensitiveness and tolerance to acupuncture as a guide in administering the correct amount of stimulation during operation. This testing also relieves the patient's anxiety and tension during operation.

(b) Selection of acupuncture points: Before operation, having learned the case history and made correct diagnosis, determine the plan for anesthesia and surgery, then select suitable points according to the requirement of the operation.

Principle for selecting acupuncture points:

(a) Selection of points according to the theory of the channels: In traditional Chinese medicine there is a saying: "Where the Jing Mai pathways traverse is the place amenable to treatment." In selecting the point or points for acupuncture anesthesia for operation on different parts of the body, one may therefore follow the rule of selecting points in accordance with the course followed by the channels, i.e., the points of the channels that traverse the site of the operation or that relate to the concerned viscera. For example, for abdominal operations, one may select the acupuncture points of the Stomach and Spleen Channels.

(b) Selecting points according to experience: In clinical practice, stimulation of Pt. Neiguan (P. 6) is effective in relieving palpitation and nausea, indicating this point for chest operations. Stimulation of Pt. Zusanli (St. 36) is effective in treating diseases of the gastrointestinal tract, therefore this point is often chosen for abdominal operations.

For thyroidectomy, Pt. Lung, Pt. Neck and Pt. Endocrine of the auricle may be chosen.

*b. Technique of acupuncture:*

(a) Hand manipulation: The needle is held with the thumb, index finger and middle finger, with the fourth finger pressing the skin adjacent to the acupuncture point. The index and middle fingers perform the lift and thrust movement of the needle, while the thumb rotates it. By closely co-ordinated manipulation by these three fingers, the combined lift-thrust-rotation needling manœuvre is maintained.

Depth and direction of acupuncture: The depth of the puncture varies not only with the thickness of the muscle, but also with the patient's tolerance to needling, as well as the type of surgical operation. For instance, for an obese patient with a good tolerance, the puncture may be deep, but it should be shallow for a thin patient, or for one with a poor tolerance to puncturing. In pneumonectomy, for example, it is generally agreed that the needle should penetrate the entire depth of the acupuncture point, whereas in ear-acupuncture anesthesia, the puncture should be shallow. As to the direction of puncture, it is determined in accordance with the requirement of different operations.

The range of lift-thrust manœuvre is generally from 0.5-1.0 cm. If the situation requires strong stimulation, the lift-thrust range should be great. But when the condition requires only weak stimulation, the lift-thrust range should be small.

The degree of rotation manœuvre is generally from 180°-360°.

Frequency of the acupuncture needling movements usually varies between 120 and 150 per minute.

Acupuncture needling response: When manipulation of the acupuncture needle has produced the desired needling response, the patient is said to be in a state of "deqi," that is to say, the patient is affected by the needling so that a painless operation can be done.

Duration of needling manœuvre: The induction period of acupuncture anesthesia, i.e., from the start of needling to the making of the incision, is generally 15-20 minutes.

Force used in acupuncture needle manœuvring: This varies with different individuals. For those with a good tolerance to needling, or for those in which surgical operation causes much traumatic stimulation, the force required for acupuncture manœuvre may be relatively strong, e.g., the force used for manœuvring the needle to produce anesthesia for incision of the skin or muscles may be relatively strong. But for patients with little tolerance to needling, or for those undergoing surgery in which traumatic stimulation during the course of operation is slight, the force required in

the needling manœuvre may be correspondingly weak, e.g., while operating upon the internal organs, the force required for manœuvring the needle may be relatively weak. It is not necessarily true in acupuncture anesthesia that the greater the stimulation the better the results. One should judge the results according to the degree of analgesia and whether the patient feels any discomfort. In other words, owing to individual differences, the amount of stimulation used should vary with different patients.

(b) Electrical manipulation: To substitute hand manipulation, connect the inserted needle(s) with weak electric current to achieve effective stimulation.

The current flowing from the electric acupuncture apparatus is generally in the form of biphasic spike waves. The frequency of the electric pulse usually ranges from several scores per minute to several hundred per second. The current, frequency of stimulation and form of the waves can be adjusted according to requirements.

(c) Precautions: Do not thrust the entire length of the acupuncture needle into the point, to avoid fracture of the needle.

When bleeding occurs at the site of puncture or when the needling response is not satisfactory, the needle may be withdrawn and another acupuncture site chosen.

(d) Concerning adjuvant drugs: With regard to the use of adjuvant drugs in acupuncture anesthesia, one should assess the situation as a whole. On the basis of having obtained effective acupuncture points and having reached relative analgesia, operations can be smoothly carried out without much discomfort to the patients, so that adjuvant drugs may largely be dispensed with. But when situations are encountered in which acupuncture anesthesia alone is not sufficient, one may judiciously use suitable amounts of adjuvant drugs.

Pre-operative adjuvants: With patients undergoing surgery using acupuncture anesthesia wide awake and conscious, some may be apprehensive and require sedation. In such cases, dolantin, phentanyli or morphine may be given intramuscularly prior to skin incision.

Adjuvants during operation: In accordance with the type and extent of operation, 25-50 mg. of dolantin may be injected intravenously when necessary.

When the operative site involves much traumatic stimulation or reaction causing discomfort, as during separation of the periostium, or traction



of internal organs, 5-15 ml. of a 0.5% procaine solution may be injected locally.

(4) SOME EXAMPLES FOR SELECTING POINTS  
FOR ACUPUNCTURE ANESTHESIA

*a. Operation for Cranial Tumour:*

Prescription: (a) Quanliao (S.I. 18), Taichong (Liv. 3), Xianggu (St. 43), Foot-Linqi (G.B. 41). (b) Zanzhu (U.B. 2), Shuaigu (G.B. 8), Ermen (S.J. 21) penetrating towards Tinghui (G.B. 2).

Auricular points: Ear-Shenmen, direct needle towards Kidney; Brainstem, direct needle towards Subcortex; Sympathetic Nerve and Lung.

*b. Cataract couching or removal of foreign body from the eye:*

Prescription: (a) Fengchi (G.B. 20), Hegu (L.I. 4), Yangbai (G.B. 14) penetrating towards Yuyao (Extra 3). (b) Hegu (L.I. 4), Waiguan (S.J. 5) penetrating towards Neiguan (P. 6). (c) Hegu (L.I. 4), Yanglao (S.I. 6). (d) Hegu (L.I. 4), Zhigou (S.J. 6).

Auricular points: Ear-Shenmen, Lung and Eye II.

*c. Tonsillectomy:*

Prescription: (a) Hegu (L.I. 4) both sides. (b) Hegu (L.I.4), Zhigou (S.J. 6) or Neiguan (P. 6).

Auricular points: Adrenal penetrating towards Esophagus, Neck towards Dingchuan, Ear-Shenmen towards Sympathetic Nerve, Lung.

*d. Tooth extraction:*

Prescription: (a) Hegu (L.I. 4) both sides or the affected side. (b) Taiyang (Extra 2) penetrating towards Xiaguan (St. 7).

Auricular points: Anesthetic Points for Upper and Lower Teeth.

*e. Total and subtotal thyroidectomy:*

Prescription: (a) Hegu (L.I. 4), Neiguan (P. 6) both sides or the affected side. (b) Neck-Futu (L.I. 18) both sides.

Auricular points: Ear-Shenmen, Lung or Subcortex, Throat and Neck.

*f. Lobectomy and removal of tumour in the mediastinum:*

Prescription: (a) Hegu (L.I. 4), Neiguan (P. 6). (b) Sanyangluo (S.J. 8) penetrating towards Ximen (P. 4). (c) Waiguan (S.J. 5) penetrating towards Neiguan (P. 6).

Auricular points: Ear-Shenmen, Sympathetic Nerve, Lung, Dingchuan, Kidney and Chest.

*g. Repair of gastric perforation, subtotal gastrectomy, gastroenterostomy:*

Prescription: (a) Zusanli (St. 36), Shangjuxu (St. 37), Neiguan (P. 6). (b) Zusanli (St. 36), Yifeng (S.J. 17).

Auricular points: Stomach, Ear-Shenmen, Sympathetic Nerve, Lung.

*h. Cholecystectomy and splenectomy:*

Prescription: (a) Zusanli (St. 36), Hegu (L.I. 4), Neiguan (P. 6). (b) Zusanli (St. 36), Sanyinjiao (Sp. 6), Dannang (Extra 35).

Auricular points: Gall bladder, Spleen, Abdomen, Ear-Shenmen, Sympathetic Nerve, Lung, Subcortex (both sides).

*i. Hernia repair:*

Prescription: (a) Zusanli (St. 36) both sides, Weidao (G.B. 28). (b) Yanglingquan (G.B. 34), Xiajuxu (St. 39), Sanyinjiao (Sp. 6).

Auricular points: Knee penetrating towards Abdomen, Sympathetic Nerve.

*j. Caesarean section; operations of the ovary and the uterus:*

Prescription: Zusanli (St. 36), Sanyinjiao (Sp. 6), Daimai (G.B. 26), Taichong (Liv. 3) both sides.

Auricular points: (a) Uterus, Abdomen, Ear-Shenmen, Sympathetic Nerve, Lung. (b) Ovary, Ear-Shenmen, Lung.

*k. Operations of the urinary tract:*

Prescription: (a) Fuyang (G.B. 38), Kunlun (U.B. 60), Xiangu (St. 43), Taichong (Liv. 3). (b) Taibai (Sp. 3), Hegu (L.I. 4), Waiguan (S.J. 5), Ximen (P. 4).

Auricular points: (a) Kidney, Ear-Shenmen, Lung, Sympathetic Nerve, Sanjiao, Spleen or Liver. (b) Urinary Bladder, Abdomen, Ear-Shenmen and Lung.

*l. Ligation of hemorrhoids:*

Prescription: Baihuanshu (U.B. 30) both sides.

*m. Reposition in fractures of the radius:*

Prescription: Quchi (L.I. 11), Waiguan (S.J. 3), Yuji (Lu. 10), Yunmen (Lu. 2).

Auricular points: Elbow penetrating towards Wrist, Lung and Ear-Shenmen.

*n. Internal fixation of fractures of neck of femur with three-flanged nail:*

Prescription: (a) Zusanli (St. 36) Fenglong (St. 40), Fuyang (U.B. 59), Waiqiu (G.B. 36), Xuanzhong (G.B. 39), Sanyinjiao (Sp. 6). (b) Yanglingquan (G.B. 34), Fenglong (St. 40), Ligou (Liv. 5). The 12th and 13th spinal processes of the Huatuojiayi Point (Extra 21).

Auricular points: Femoral Joint penetrating towards Ankle, Ear-Shenmen, Lung, Sympathetic Nerve, Kidney, Adrenal.

## (5) A PRELIMINARY VIEW OF THE PRINCIPLE OF ACUPUNCTURE ANESTHESIA

As already mentioned in Chapter II, the theory of the channels has been the guiding principle of acupuncture therapy for more than 2,000 years. Now we find it still reliable as a guiding principle in acupuncture anesthesia for surgical operations.

Our repeated research on the action of acupuncture, using modern scientific knowledge and methods, has shown that stimulation on the acupuncture points may produce various physiological functions in the body:

**Suppressing pain:** Widespread clinical materials dating from ancient times testify to the effectiveness of needling points on the body in stopping pain. Toothache, headache, sore throat, lumbago and pain in the legs, chest and abdomen stop immediately on needling or pressing certain points. Needling also produces conspicuous results in relieving post-operative pain. We experimented on ourselves and each other, and on animals, to measure the intensity of pain sensation and found that needling certain points might elevate the pain threshold, normal pain sensation being felt again only after a much stronger stimulus was given. This demonstrated that needling of points not only stops but also prevents pain sensation.

**The regulatory function:** Stimulation of certain points on the human body regulates the functions of the human body as well as stopping and preventing pain. It also restores to normal disturbed physiological functions. Such regulating function has already been mentioned in *Nei Jing* (内经 *Canon of Medicine*): acupuncture has the function of “removing obstruction of the Jing Mai (经脉 channels) regulating qi and blood, harmonizing of xu (虚 hypoactivity) and shi (实 hyperactivity)” of the body function.

We find that patients undergoing surgery with acupuncture anesthesia suffer less, as blood pressure, pulse rate and respiration remain relatively stable. Although surgical trauma may cause various physiological disturbances, the functions very soon return to normal after acupuncture anesthesia is applied. For instance, after gastrointestinal operation, patients very seldom suffer from abdominal distention or retention of urine, and the intestinal function returns to normal soon after the operation.

**The function of strengthening the body resistance:** Experimental studies have shown that needling certain points on the body of a normal person increases the number of white blood corpuscles and intensifies phagocytosis, which strengthens the body resistance against disease. Clini-

cal observation also reveals that surgical patients recover much more rapidly when acupuncture anesthesia is used.

Basing on the above, we are of the opinion that the effect of needling in preventing and suppressing pain, its sedative and regulating effect, and its strengthening of body resistance against diseases are inter-connected and react on each other, that it is precisely these effects of raising the body physiological functions to a new level that help increase the patients' endurance to withstand the operative procedure and reduce his sensitivity to pain. The patient is helped to overcome the pain and physiological disturbances caused by surgical operation.

On the basis of these effects on the body produced by needling stimulation, broad masses of medical and scientific workers are researching into the theory of the channels, neurology, the theory of the nerves and body fluid, as well as related scientific theories. Further research under way and many clinical observations verify the channels phenomenon and that the physiological effects of needle stimulation are produced by channel transmission. From records concerning channel function found in some books of Chinese traditional medicine, it can be seen that the channels include the structures of the nerves, blood vessels, endocrines, etc. It is possible that they also include some other, as yet undiscovered, connection and law of activity in the human body, and we should carry out further research and investigation on the theory of acupuncture anesthesia.

The great leader of the Chinese people Chairman Mao Tsetung says: **“In the fields of the struggle for production and scientific experiment, mankind makes constant progress and nature undergoes constant change; they never remain at the same level.”** Chinese medical and scientific workers must continue striving, with the aim of further developing the technique of acupuncture anesthesia, to make a useful contribution to medicine and science in the service of mankind.