

FIVE DRAGONS
ACUPUNCTURE COLLEGE
CORRESPONDENCE COURSE



LESSON 9
OF
31 LESSONS

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Recommended books to simplify your research are as follows

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

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to the acupuncturists and medical researchers
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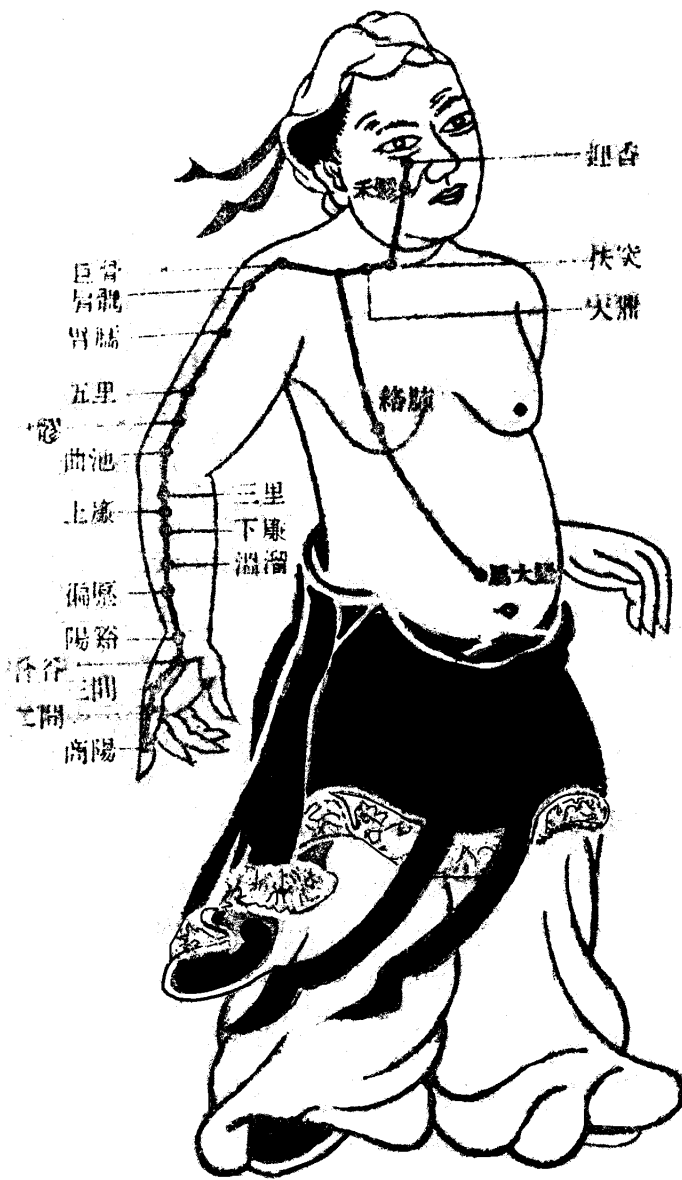
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MODERN & TRADITIONAL ACUPUNCTURE

LESSON 9

(HAND YANG EQUILIBRIUM) LARGE INTESTINE MERIDIAN



手陽明大腸經之圖

凡已主穴
左右共四十六

圖五十五——仿明版古圖(一)

With Lesson Six we concluded the study of the three YIN Hand Chings or Meridians. In the next few lessons we will cover the three YANG Hand Meridians to complete the scope of energies of the arm (hand), starting with that of the Large Intestine in this lesson. In addition, we will shortly start applying what we have learned in regard to treatment, etc., using acu-pressure, moxibustion, and other forms of "needleless" methods initially. Actual needle techniques are left until near the end of the program.

From Lesson Two, you should know this meridian by its complete terminology---the Hand Yang In Equilibrium Large Intestine Meridian (abbreviated as LI). Some authors call this the Colon Meridian, however, Large Intestine seems to be the preferred and most generally used name in acupuncture.

This is the second ching or meridian in the classical cycle of the twelve chings, and it receives its energy from the Lungs meridian in that classical order concept. It is of course a bi-lateral meridian, and classically has a total of twenty acupuncture points on each side. The practical and most useful seven acupuncture points are indicated in this lesson---of these seven, four are major points of therapeutic importance and three are secondary ones.

Four points on this meridian are classically mentioned as being 'forbidden' points. LI-13 is forbidden to needle action, but not to moxibustion. LI-1, LI-19 and LI-20 are forbidden to moxibustion, but not to needle action. LI-1 is usually not mentioned as being forbidden to moxibustion by most current authors, but it is this Institute's viewpoint that it should be used only with extreme caution as far as moxibustion at that point. LI-4 must be considered as 'forbidden' to both moxibustion and needles with pregnant women, and as such used again only with extreme caution.

NOTE: Diagram on cover of this lesson is a traditional illustration, not meant for study purposes.

The external or outer pathway of the Large Intestine meridian starts near the fingernail of the index fingers (first acupuncture point of this meridian). From here, it moves upward along the radial or thumb-side of the index finger, crossing the back of the hand to the dorsal or back-side of the wrist near the base of the thumb. It then climbs the radial side of the back of the forearm (along the edge of the radial bone) to the radial side of the back of the elbow. (See diagram page 9).

From the elbow, it runs along the mid-line of the outer surface of the upper arm to the outer edge of the shoulder and on top of it (acupuncture point sixteen). From here, according to most authorities the Large Intestine meridian's external pathway runs forward into the depression above the collarbone at the base of the neck (acupuncture point seventeen).

At this point (LI-17) the meridian divides into two branches. One branch continues on as the external meridian pathway running up to near the nose, as discussed in the next paragraph. The other branch runs downwards and into the lungs to become an internal (inner) pathway linking this meridian to the internal structure from which it derives its name. This internal branch connects with the lungs, passes through the diaphragm, descending into the abdominal cavity, finally ending at the Large Intestine itself.

From LI-17 where we left off, the external branch or pathway of this meridian now continues, climbing the outer surface of the neck, crosses the lower and upper jaw internally towards the upper lip of the mouth. It then runs above the upper lip, crossing the groove on the surface of the upper lip (immediately below the middle of the nose, called the philtrum) where it also makes contact with the midline vessel on the front side of the head. The meridian terminates on the opposite side of the body near the nostril (last acupuncture point of this meridian).

Although few authors mention it and virtually no diagrams picture it, the pathway of the meridian does not flow directly from LI-16 to LI-17. (See paragraph two, previous page). At the point LI-16 this meridian travels across the back and up to the seventh cervical vertebra linking up with the Governing Vessel at Go-14. Then it returns to the Large Intestine point number seventeen at the base of the neck. This deviation off the main meridian pathway has a very important therapeutical value in neck stiffness and pain, and is discussed in the lesson on the Governing Vessel itself.

Let us now take a closer look at the Large Intestine meridian and locate the general area of all its acupuncture points, right on your own body. You will again, have to strip to the waist in order to follow the entire path of the twenty acupuncture points of this meridian. Use the skin marking pencil or some other non-toxic felt-tipped pen to mark in the points as instructed in the following steps. If using the red wax type marker supplied with the course, it sometimes helps to moisten the tip of it slightly when writing on certain types of skin.

How are you making out in locating acupuncture points by sight and touch? It does take a lot of practice to develop a good sense of touch, but by the time we finish going through all of the meridians you should be well on your way. Get as close as possible from the instructions and diagrams, and then using a light touch, look for "something" that differs in feel from the surrounding skin. Your fingers may detect a small depression (hollow) at the site of the points in the fleshy parts, formed by muscle or tendon crossings, or little nodules (bundles) of fibers just below the skin. Often these points may feel quite tender when pressed, or even look different from surrounding skin. Sometimes closing your eyes and making small circles over the area of the point may help. Later on, the electronic acupuncture points locator supplied with the course will confirm your locations.

STEP #1: The first four points of this meridian are located on the hand. The first point (LI-1) is just beside the root of the index finger's nail, on the thumb side of it. It is about one fen from the curve or corner of the base (root) of the nail. Mark in the point carefully. Within the context of the word, as will be explained in a later lesson, this point is considered by the Institute as being FORBIDDEN to moxibustion, but not to needling.

STEP #2: Imagine a line running along the thumb-side edge of the top of your index finger, from LI-1 just located, to about the deep inner base of your thumb. Points number two and three would be in a depression on this line, with LI-2 just in front of, and LI-3 just behind (towards the wrist), the big main knuckle of the index finger. Although not important enough to even be listed as a minor point of therapeutical importance, LI-2 is often a very useful point in cases of constipation. Even a few moments of massage with a finger-tip directly on this point can be most helpful in bringing about a bowel movement. In locating LI-3, it is sometimes helpful to slightly close your fist. See the diagrams on page 20, which will also show you these points in relation to underlying bone structure. Mark them in.

STEP #3: With your hand and thumb in a fairly natural position, feel the fleshy part between the thumb and index fingers on the back of your hand, quite close to where the bones of these two come together. Dig in deeply with a finger into that fleshy area, and wiggle your index finger and thumb around for a few seconds. (Sometimes spreading your thumb and index finger apart as far as they will go is helpful also). Your finger will settle itself into a distinct deep hollow, and it may even feel quite painful, but chances are your finger nail will then be resting right on the fourth point of this meridian.

This is LI-4, the point the Chinese call "Ho-Ku", and another one of the truly Great Points of acupuncture. It is quite a large point area-wise, near the thumb-side of the index finger metacarpal bone, slightly proximal to its midpoint. This point is traditionally FORBIDDEN to needle (some authorities state to moxibustion as well) ONLY IN THE CASE OF PREGNANT WOMEN. Use of this point, along, with several others, early in pregnancy could result in abortion or miscarriage, and later in pregnancy may induce labor. This point is also known as one of the "Dentist's Points" as it is used in obtaining analgesia for tooth-extractions, etc. Mark in this very important point.

STEP #4: Mark in the major wrist crease or fold (closest to hand) as you have done in previous lessons, only this time extend the line right around your whole wrist.

Place a finger on this mark, where the bones of the index finger and thumb seem to meet at the wrist. With thumb extended upwards (backwards) wiggle your hand up and down several times. Your finger on this line will slip into a very distinct hollow over the wrist joint, between the bones of your hand and forearm. This hollow is known as the "anatomical snuffbox" and LI-5 is located between two tendons at the bottom of this hollow. Mark it in, and join up LI-1 through to LI-5 with a solid line.

STEP #5: Bring the upper part of your forearm in contact with the lower part of your upper arm, by bending your elbow as much as possible. Your elbow 'bone' will now stick out to its maximum and the end of your major elbow crease or fold will show up distinctly. Hold your arm in a horizontal position. Keep your elbow bent as above!

With your thumb, dig in deeply into the fleshy area between the end of your major elbow crease and where the bones

of your forearm and upper arm meet. Now move your forearm back and forth several times while doing this, and return it to the bent position. Your thumb will again settle into a sort of hollow or natural divide or valley, near the end of your elbow crease. If you have dug in hard enough with your thumb, your thumb-nail will probably even leave a mark exactly where the eleventh point of this meridian is situated. This point (LI-11) is located midway between the outer end of the elbow crease fold and the closest part of the bone of the upper arm. Keeping your arm slightly bent usually helps in its location. Mark in LI-11.

STEP #6: With your elbow bent as mentioned in the previous Step, your hand open in a vertical position, and fingers in line with the back of your forearm, join up LI-5 and LI-11 with a straight line. In looking at the diagram on page 9, the meridian line drawn so far should compare quite well to that portion of it as shown in the diagram.

Now, divide the line drawn between LI-5 and LI-11 into twelve equal forearm pouce, mathematically using a ruler or tape measure, or with strips of paper, etc. LI-6 should be on this line, three forearm pouce towards the elbow from LI-5. LI-7 is located on or near the line, two forearm pouce further along it (towards the elbow) from LI-6 just located. Mark in both LI-6 and LI-7 which are on the thumb-side of the radius bone of the forearm. (See diagrams on page 20).

STEP #7: The eighth, ninth and tenth points are on or near the line you drew joining LI-5 to LI-11, only in the more fleshy part of the upper forearm. LI-10, LI-9 and LI-8 are located two, three and four forearm pouce respectively down this line (towards wrist) from LI-11.

With elbow again bent as in the first paragraph of Step #5, apply light pressure with the finger tips in the

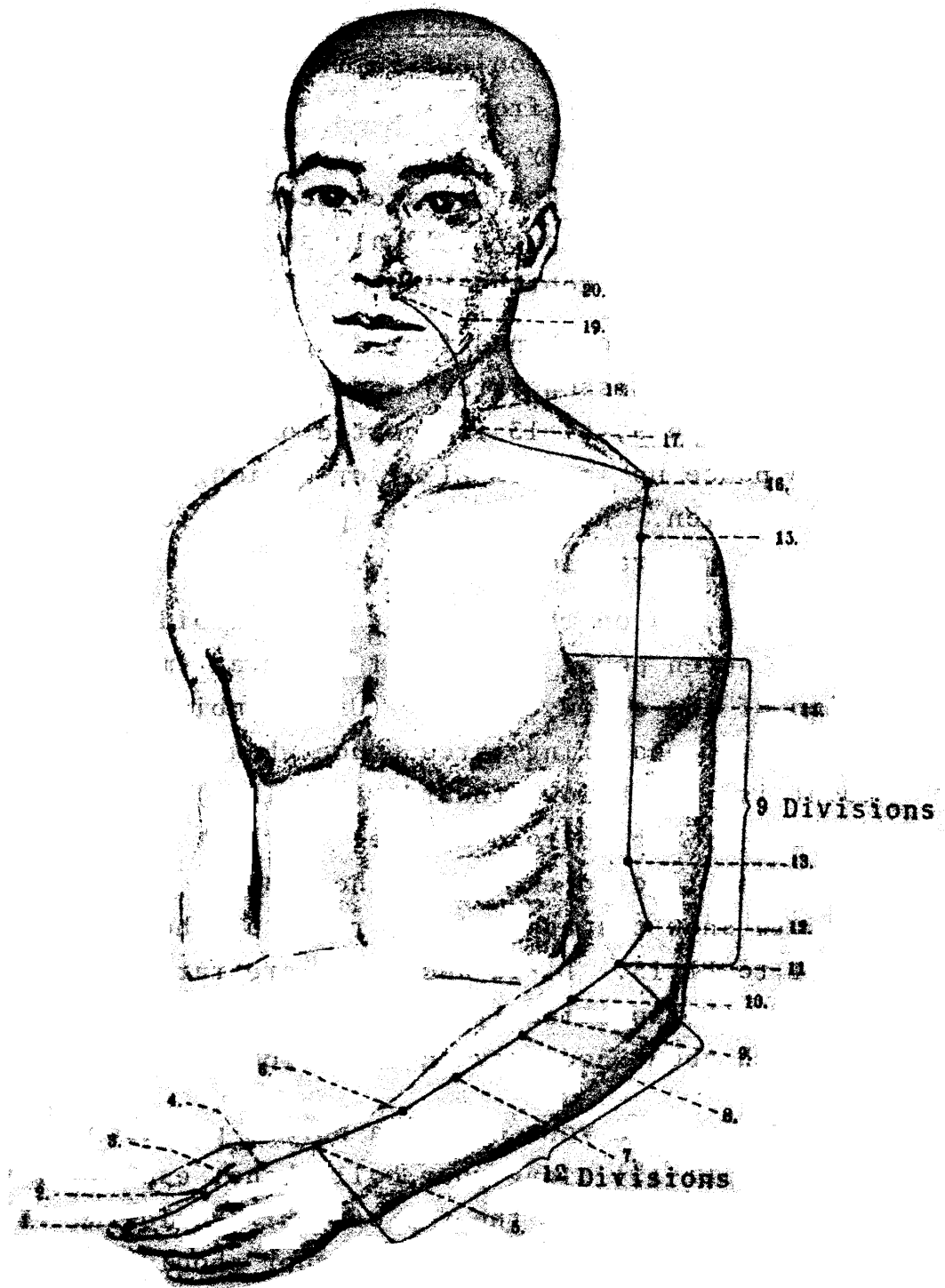
area around these three points. In doing so, slowly twist your wrist clockwise and counter-clockwise several times while feeling for a sort of natural dividing line between two muscles. Here, in between these muscles is where the three points are located. You may have to alter the course of the line you originally drew slightly, in light of this new information.

Measure the distance these points are from LI-11 again, and mark them in properly. Going towards the wrist from LI-11, the three points should now be on the line, with LI-10 at about two forearm pousse away, and the others each one forearm pousse further down it from LI-10. Bending the arm slightly is helpful in locating LI-10 especially when not using the forearm pousse measuring system.

STEP #8: Stretch your arm out sideways and raise it up until it is in a horizontal position (shoulder level). Several distinct depressions will appear above the shoulder joint (where arm meets shoulder). With your finger, feel the small depression created there that is closest to the front of the body and to the arm. LI-15 can be found in the middle of this hollow or depression. Mark this point in.

This point is actually located between the top end of the upper arm bone and the section of the shoulder blade bone above it (Acromion) when arm hangs normally at the side. However, in order to locate this point, it is best to use the raised arm method described in the previous paragraph. In this case, the point is just in front of and slightly beyond the outer tip of that section of shoulder blade bone. In treatment, the arm is usually lowered to a more normal position for needle insertion, after location is determined and marked. For deep needle insertion (up to two pousse) however, the arm must be raised up and maintained in this raised, horizontal position.

for greater detail, see
"Essentials of Chinese Acupuncture"



EXTERNAL LARGE INTESTINE MERIDIAN

STEP #9: With your arm in a similar position to that in the diagram on page 9, join up LI-15 located in the previous Step and LI-11 with a fine, straight line. With your arm still in this position, LI-12 is approximately one finger pouce up this line from LI-11 and one finger pouce off the line perpendicularly, in the direction of the back of the arm. Mark in its approximate location. With arm straightened, this should put LI-12 almost two pouce up from LI-11 or an imaginary continuation of the inner elbow fold crease.

Using the 'combined four finger method' of measuring three pouce (Lesson Three) and with arm again as in the diagram on page 9, LI-13 is located on or near the line, about three pouce up it from LI-11 or an imaginary elbow crease continuation. Remember, this point is forbidden to needles. Mark its general location now.

LI-14, is on the line, at the Deltoid 'V' (See Lesson Five), seven pouce up from LI-11 or an imaginary continuation of the elbow crease. (Use 'combined four finger method' of measuring three pouce when possible here.) This point is just below (towards the elbow) and near the insertion of the Deltoid muscle. Mark it in and now modify your fine line to encompass the changes necessary for LI-12, etc. to show the approximate route of the meridian from LI-11 to LI-15. LI-12 and LI-13 are rather unimportant points, therapeutically, so the student should not worry too much about accuracy in their location.

STEP #10: With your arm in a normal position, feel outward (towards LI-15) along your collarbone, especially noting where it goes to at the top of your shoulders. Now, feel outwards along the top edge of your shoulder blade, to the section of the shoulder blade bone we mentioned as being above the top of the upper arm bone (Acromion). LI-16 is located in the depression on the inside (towards neck) of

the Acromion, behind or posterior to the junction of the Acromion and the collarbone. Wiggling your arm around while feeling the area may help you to find it. Mark it in.

Next, feel along above the collarbone for the deep hollow at the base of your neck (not at your throat). About one finger pouce above the depth of this hollow, behind the muscle, is where LI-17 is found. LI-18 is one pouce straight above (vertically) LI-17, going towards the lower jaw. LI-18 is about three pouce away horizontally from the middle of the "Adam's Apple" (laryngeal prominence) in between the muscles. If you bend your head backwards you should feel the pulsing of an artery near LI-18. Use a mirror and mark in their general location.

The last two points of this meridian are easy to find on yourself using a mirror. They are located near the nose on the opposite side of the body. LI-19 is almost midway between the top edge of the upper lip and the bottom edge of the nostril, a little more than one-half pouce away from the middle of the groove above the upper lip (below the middle of the nose).

LI-20 is almost in line horizontally with the bottom outer edge of the nostril (sometimes a little higher) and up to half a pouce away from it. This is often on or near the upper end of a distinct fold or crease running from the side of the nose to beside the mouth (sometimes called the cheek fold). LI-20 is in a small depression here and is very often painful to finger pressure. LI-19 and LI-20 are both forbidden to moxibustion. Using a mirror, mark them in and join up points LI-15 through to LI-20, to complete the tracing of the outer pathway of the Large Intestine Meridian.

From previous lessons, you know that the Lung meridian brings ch'i energy from the chest region down the front of the arm and into the hand to the last point (terminal point) of the Lung meridian (Lu-11 at the radial edge of the thumb-nail's base). This ch'i energy brought down in the Lung meridian is then transferred on to the Large Intestine meridian, according to the classical cycle (order) of ch'i energy flow within the twelve main meridians.

The Large Intestine meridian then takes ch'i energy up the back of the arm to the facial area, starting from the first Large Intestine meridian point (LI-1 at the radial edge of the index finger's base) and ending at the last point of the Large Intestine meridian (LI-20 near the nose). The Lung meridian brought the energy down the arm, and the Large Intestine meridian takes it back up the other side of the arm.

Some of you more astute students may have wondered how ch'i energy gets from the last point of the Lung meridian on the thumb to the first point of the Large Intestine meridian on the index finger. Obviously there must be some sort of a connection between the two, or the Lung's ch'i energy would simply end at the thumb.

Here's what happens. An anastomotic or communication channel runs from the Lung meridian, up near the wrist and down the dorsal side of the index finger and on to its' tip. This allows energy to flow from the Lung meridian on to the next successive meridian (the Large Intestine meridian). Likewise, such an anastomotic channel runs from the last point of the Large Intestine meridian (LI-20 near the nose) up to the first point of the Stomach meridian (below the eye). This permits the flow of ch'i energy to continue on to the next meridian, the Stomach meridian. Similarly, each meridian would have such an anastomotic channel connecting it to the next one in the line of successive flow.

For those of you who have some background in acupuncture already, it must be mentioned that in regard to these anastomotic or communication channels we are NOT referring to the so called "conjunctive" channels, or to the tendino-muscular meridians. Although sometimes they partially follow routes similar to the anastomotic channels, they are NOT the same thing. (See Lesson Eight, page 4, para. 1)

Knowledge of the exact pathways of these anastomotic channels is not all that important. In light of the previous paragraph, their pathways can be a source of confusion and error. They are not included in the total count of the seventy-one meridians we will discuss, as mentioned in Lesson Two. Beginning acupuncturists should think of them simply as the shortest and most direct internal routes from the LAST point of one meridian to the FIRST point of the next one in succession.

Even though the anastomotic channels would seem to create pairs or couple meridians together, they are not the reason why certain pairs are called 'coupled' meridians or organs. Consider the anastomotic or communication channels strictly as completing the ch'i energy circuit of all the twelve main meridians in the classical cycle of ch'i flow, rather than coupling any specific two together.

Before we go any further, please reflect for a moment or two on the statement outlined on the cover (Page 1) of Lesson Two. This old Chinese proverb is speaking about the difference between a symptomatic (formula) approach, and a traditional (energetic) approach to acupuncture. In effect, the "inferior doctor" is only able to care for the illnesses which he was unable to prevent in the first place. Somewhere in between, lies varying degrees of usage and proficiency in the oriental diagnostic techniques, which allow the doctor to anticipate a breakdown in an organ --- "imminent illness" --- long before clinical symptoms appear.

Since prevention is almost unheard of and often impossible in the medicine of today, we must start with the manifested illness---the symptoms. Here, indication sheets, the proven formulas at the end of this course, and the great laws and rules briefly introduced in Lesson Eight are utilized. The pulses and other oriental diagnostic methods are not as important, because the illness or pain itself will create a number of secondary reactions or artifacts on top of the original problem, making diagnosis solely by pulses, etc. virtually impossible. So, all we can do is use the major symptoms in order to give the patient the fastest possible relief.

The next logical question is, why do we have to know the oriental diagnostic methods? Why is the "traditional" approach to acupuncture important? Using the formulas and the laws alone, have we not been able to help the patient recover from his actual illness or pain? The answer to that last one, good students, is the difference between 'needle puncture' and the real acupuncture.

You see, as far as North America is concerned, that's where "acupuncture" generally ends. This is exactly where Western medicine ends as well. 'Needle puncture' in North America is getting at best marginal results and successes. Most patients treated with so called acupuncture are getting either no results (because of lack of knowledge of its more effective form), or are getting only temporary relief (they have to keep coming back for more and more treatments). Occasional exceptions (cures?) are almost pure coincidence or the result of better application of the best formulas.


But, what about the cause of the actual illness? Once the major symptoms have been taken care of then the pulse diagnosis and other oriental diagnostic techniques can again become highly reliable criteria, which we can use to further the not so visible and obvious symptoms, getting down to

the CAUSE of the illness or pain. If we can follow up with the traditional energetic aspect---go beyond just needle puncture---into the realm of individualized acupuncture, we can find that cause, and prevent a relapse. Now we really have something to strive for---we are no longer "inferior doctors" according to the Chinese proverb.

Western physicians are being 'trained' by the hundreds in an elementary "recipe-book" type of acupuncture---little more than needle puncture---with absolutely no knowledge or regard for anything beyond the purely symptomatic approach. Then, they wonder why they are not getting the results and success the Chinese speak of. (The same success traditionally orientated Western acupuncturists, especially the Europeans, are able to attain and duplicate). Or worse yet, unable to get good results with the elementary needle puncture approach, the physicians conclude that therapeutical acupuncture is no good.

Sure, they have all heard briefly of Yin and Yang, Five Elements, pulse diagnosis, ch'i---the basics. These are all not taken seriously of course! The more advanced traditional Chinese concepts and the idea of 'body energy' is being totally ignored by most Western physicians. Since all this wasn't mentioned in their medical books, or yet proven by closed-minded science, it simply couldn't exist.

The more effective forms of acupuncture cannot be reduced to a 'given formula for a particular illness' basis. If this were so, the Chinese would have done it long ago. Even though some very good general formulas have evolved, in anything but its crudest form, acupuncture cannot be practiced without utilization of the traditional concepts. It is these concepts that allow us to use the formulas in a better way, or to create highly effective treatment plans, only on an individual basis, for no two people are exactly alike.

Certainly we can't make you a "superior doctor" through this course---only many years of study and experience can do that. But, we do want to give you a little more than just the knowledge of the "inferior doctor", especially in light of the proliferation of the symptomatic approach in North America among established medicine. If nothing else, you will learn how to apply the symptomatic, in a more individualized manner. But this is not what we want. Hopefully, we can give our students the knowledge needed for them to at least join the ranks of what the Chinese would look on as the "mediocre doctor". On that note, here we go . . . 

In Lesson Two, we briefly mentioned that the Chinese had grouped the twelve main meridians into three categories or PHASES, according to the nature of their state of Yin or state of Yang energy. We referred to these three groupings as MAXIMUM, EQUILIBRIUM, and MINIMUM PHASES, and tabulated them on page six of that lesson. The particular phase of each meridian was also incorporated into the classical meridian terminology on page seven of Lesson Two, which you were asked to memorize fully. Now, we are going to take a further look into these phases.

This idea of phases is the beginning of one of the most important concepts in therapeutical acupuncture. It is this very concept that takes the practitioner beyond a purely symptomatic type of treatment and into the realm of a more effective, traditional (individualized) energetic approach. On these phases, we build what is known in acupuncture as the concept of energetical layers.

This concept of the ENERGETICAL LAYERS is discussed frequently throughout the course as we build it into a working clinical treatment method. As a concept, it is something that simply cannot be explained at one sitting or in one lesson alone, for it must be gradually developed in the student's mind in light of other acupuncture information.

We spoke of 'coupled' organs and meridians previously, and now we will have to look at an entirely new and different way of pairing meridians and their respective organs (or functions). We are going to pair the two Yin meridians of each of the three phases together, and the two Yang meridians of each of the three phases together. This will form SIX entirely new pairings of the twelve main meridians, which the student will have to learn. Each of these six new pairs comprises one of SIX definite ENERGETIC LAYERS in the human body. By going into this concept early in the program, the Western student is able to gain rapid insight into the entire complex of acupuncture and Chinese medicine.

In effect, what we are doing is pairing Yin meridians of each similar phase together, and Yang meridians of each similar phase together. The two Maximum Yang meridians are paired with each other, the two Equilibrium Yang meridians are paired with each other, and the two Minimum Yang meridians are paired with each other. Similarly, for all of the Yin meridians. As a result, we get the following groupings:

Two Yang Maximums	---	Small Intestine, Bladder
Two Yang Minimums	---	Triple Burner, Gall Bladder
Two Yang Equilibriums	---	Large Intestine, Stomach
Two Yin Maximums	---	Lungs, Spleen
Two Yin Equilibriums	---	'Envelope of Heart', Liver
Two Yin Minimums	---	Heart, Kidneys

For the benefit of those of you who have done outside reading or are perhaps familiar with different terminology than is being used in this program, the following must be mentioned at this time. Some authors refer to the Maximum phase meridians by the transliterated Chinese word "Tai", or as the 'Old' or 'Greater' meridians. The Minimum phase meridians they refer to by the transliterated Chinese word "Shao" or as the 'Young' or 'Lesser' meridians.

The Equilibrium phase meridians they often refer to as 'Middle' meridians, with some authors going so far as to break down the Equilibrium phase meridians further, naming the Yin Equilibrium and Yang Equilibrium pairs separately. Thus, the Yang Equilibrium meridians they refer to by the transliterated Chinese word "Ming" or as the two 'Sunlight' or 'Bright' meridians. The Yin Equilibrium meridians they refer to by the transliterated Chinese word "Chüeh" (or some variation thereof) or as the two 'Absolute' or 'End of Yin' meridians.

This is all strictly a matter of differing terminology. From the standpoint of this program we will be using the transliterated Chinese words to identify the two meridians of similar phase and polarity when they are paired together. In other words, when we speak of the TAI YANG Energy Layer or meridians, we are referring to the two Yang Maximum meridians---the Small Intestine and the Bladder meridians TOGETHER AS A PAIR. Used on its own, SHAO YANG indicates or refers to the two Yang Minimum meridians together as a pair---the Triple Burner and the Gall Bladder. Similarly, for the balance of the pairs, as given below.

THE SIX ENERGETIC LAYERS

TAI YANG --- Small Intestine and Bladder
 SHAO YANG --- Triple Burner and Gall Bladder
 YANG MING*--- Large Intestine and Stomach
 TAI YIN --- Lungs and Spleen
 CHÜEH YIN --- 'Envelope of Heart' and Liver
 SHAO YIN --- Heart and Kidneys

* Classically, "Yang Ming" is the proper term rather than "Ming Yang".

The first three Energetic Layers---the Yang Layers--- of the listing and their corresponding meridian pairs, must now be fully MEMORIZED in the exact order in which they are given. The Yin Layers should not be memorized.

Before closing with this lesson, we are briefly going to look at only ONE of the MANY ways in which this special pairing of meridians relates to acupuncture. In later lessons we will delve further into the concept of the energetic layers and their numerous implications in clinical practice.

An inseparable UNITY is represented in the pairing of the two meridians comprising each Energetical Layer or Level, in that there is a functional relationship between the two meridians. Since this relationship is one that is usually not covered by any of the traditional laws or rules of meridian/organ interactions, it is mentioned at this time.

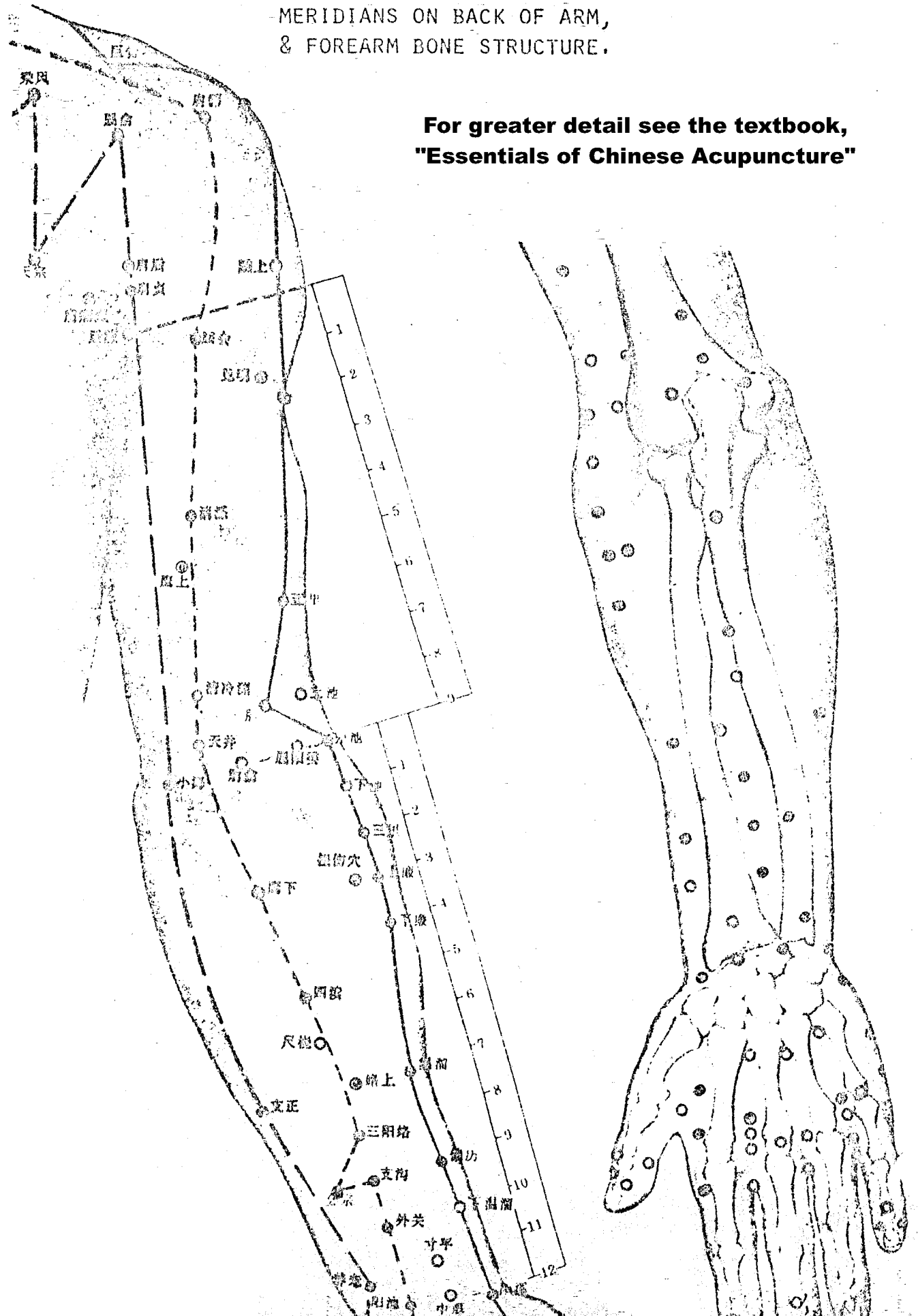
Years of clinical experience showed the Chinese that these meridians or their corresponding organs are in fact related to one another. What happens to one of the pair, can have an effect on the other meridian of the pair, just like the laws and rules introduced in the previous lesson. For example, if a patient has a heart problem, by the special SHAO YIN pairing, one should look for any possible Kidney complications, before and after treatment. Similarly, for the other meridian pairs in each layer.

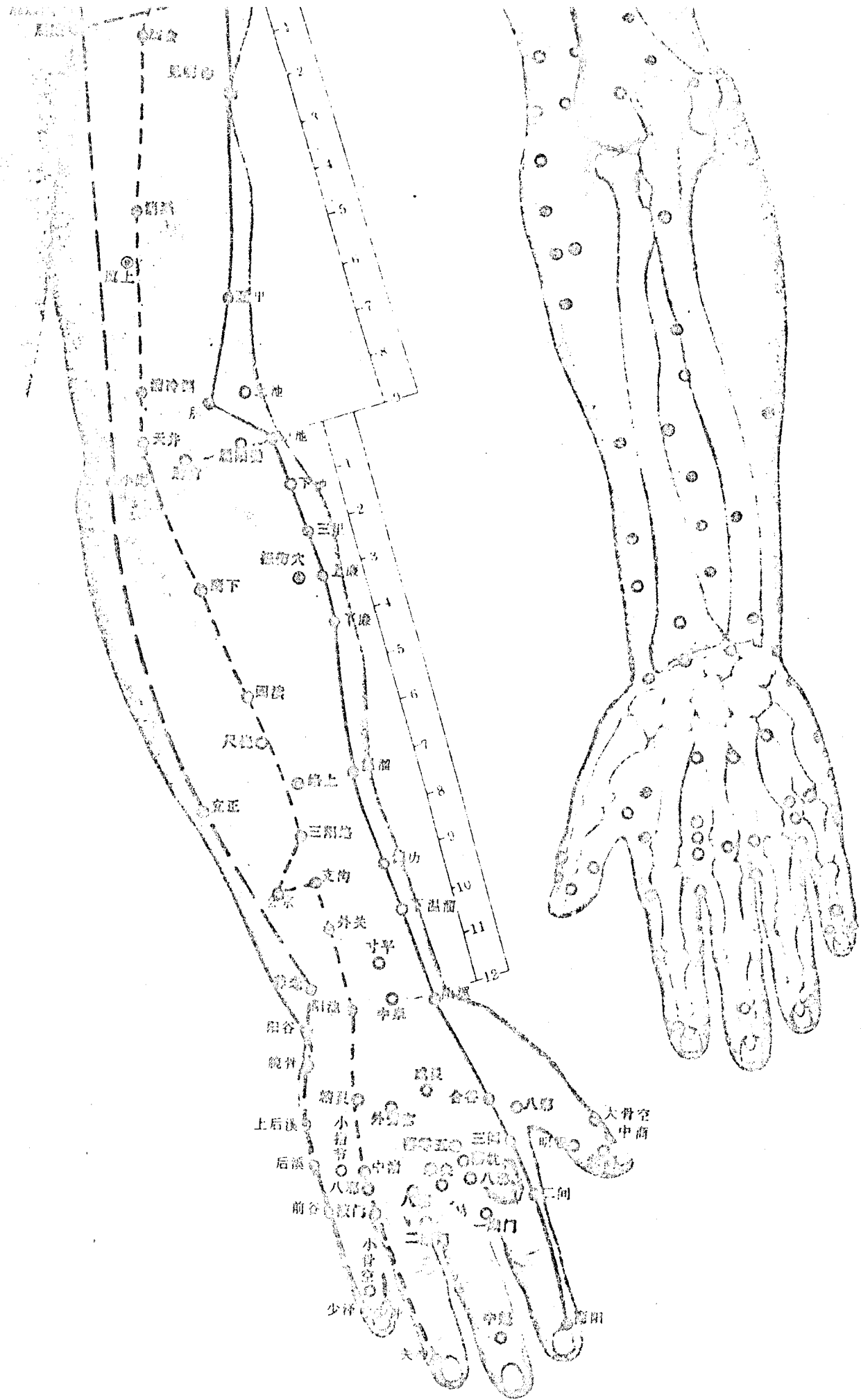
Worried by all the possible effects? You won't be, once you are fully aware of all the possibilities! There are many possibilities, to be sure, some which occur quite frequently, some which you can use to your advantage, and some which hardly ever happen in actual practice. However, it is because of all of these well defined laws and organ/meridian relationships that the Chinese have handed down to us, that you know about them in advance, and can watch for any such possible problems in acupuncture treatment.

NOTE: In regard to the diagram on the next page, the note at the bottom of page 13, Lesson 6, applies here as well. Mark in LI meridian & points.

PATHWAY OF THE THREE YANG MERIDIANS ON BACK OF ARM, & FOREARM BONE STRUCTURE.

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





POINTS OF MAJOR AND SECONDARY THERAPEUTIC IMPORTANCE

NOTE: This is by no means a complete listing of all indications possible for each given point, but represents rather those of prevailing use, in everyday treatment. The points circled below are the most significant or MAJOR ones, and all information given for them should be MEMORIZED in full. Those not circled are the 'Secondary' points, or points of lesser therapeutic importance or value. Memorization of Secondary point information is not required for examination purposes.

LI-1 "Shang-Yang" (Tradesman Yang)

INDICATIONS: Hearing problems and tinnitus ("noises" in ears); toothache; fever; tonsillitis; facial skin problems (acne, etc.); emergency care (fainting, coma, shock -- revive consciousness).

NEEDLE: 1 Fen to 2 Fen [90 or 45] [Bleed]

MOXA: FORBIDDEN

LI-4 "Ho-Ku" (Connecting the Valleys)

INDICATIONS: Epistaxis (bleeding from nose); toothache; dyspnea (difficult or labored breathing); common cold; headache; acne and skin conditions; rhinitis (swollen nasal mucous membrane); hearing problems and tinnitus; visual disorders (blurred, weak); tonsillitis; menstrual problems; upper limb, shoulder, wrist pain and paralysis; facial nerve paralysis; excessive perspiration; fainting.

NEEDLE: 4 Fen to 1 Pouce (Towards EH-8)

MOXA: 3 to 10 minutes

CAUTION: Forbidden in Pregnancy

LI-5 "Yang-Hsi" (Sunny Stream)

INDICATIONS: Wrist pain and muscle problems; headache; hearing problems; skin problems; toothache.

NEEDLE: 3 Fen to 5 Fen

MOXA: 5 to 15 minutes

LI-10 "San-Li" (Three Li)

INDICATIONS: Toothache; scrofula (T.B. of cervical lymph nodes); neck pain; cerebral hemorrhage (apoplexy, hemiplegia); facial paralysis; hypertension; pains, paralysis, shoulder and arm.

NEEDLE: 4 Fen to 8 Fen

MOXA: 4 to 15 minutes

LI-11 "Ch'ü-Ch'ih" (Bent Pond)

INDICATIONS: Upper arm, shoulder, pain and paralysis; elbow pains; common cold; hearing problems; pleurisy (inflammation of membrane enveloping lung); hearing problems; hypertension and nervousness; skin conditions, itching and rashes; fever; tonsillitis; cerebral hemorrhage (apoplexy, hemiplegia).

NEEDLE: 5 Fen to 2 (Two) Pouce

MOXA: 5 to 20 minutes

CAUTION: Slow insertion, do not puncture ligament.

LI-15 "Chien-Yü" (Shoulder Bone)

INDICATIONS: Painful shoulders, joint, etc.; upper-arm paralysis and spasms; hemiplegia; apoplexy.

NEEDLE: 5 Fen to 2 (Two) Pouce if arm raised laterally.

MOXA: 5 to 15 minutes

LI-20 "Ying-Hsiang" (Welcome Fragrance)

INDICATIONS: Common cold, nasal congestion, running nose; rhinitis; loss of sense of smell; facial tic, paralysis, swelling, pain, itch; epistaxis.

NEEDLE: 2 Fen to 5 Fen [15 or 90]

MOXA: FORBIDDEN

All questions must be attempted. Return both pages of completed question paper to Institute (use pre-gummed address label) for marking and grading. The bottom of the page is the return label for use with a window envelope, please fill it in neatly. Use a separate piece of paper to ask questions.

1. No major or secondary points of therapeutic importance are listed in this lesson for actual treatment of the Large Intestine. What meridians do you think could be used to deal with Large Intestine problems?

2. What is wrong with the meridian pathway as shown in the diagram on page nine of this lesson?

3. What is the distance (straight line) between the following points, as measured on your own arm, in forearm pounce?
LI-7 to LI-8 _____
Lu-9 to LI-5 _____
Lu-5 to LI-11 _____

4. What is the distance (straight line) between LI-14 and LI-15, in finger pounce measurements, with arm in normal position?

5. The Large Intestine meridian meets up with the Conception Vessel: TRUE _____ or FALSE _____ (Check One)

6. On the back of this page, draw a neat and labelled diagram to illustrate how the "ch'i" energy IN ITS CLASSICAL ORDER flows THROUGH the complete structure of the six Energetical Layers.

7. How would ch'i energy get from the end of the Liver meridian to the beginning of the Lung meridian in order to complete the circuit?

8. In regard to the six Energetic Layers, each pair has similar phase and similar polarity. What else can you see about each pair, that all six pairs have in common?

9. From what you have learned so far in this course, to what other meridians is the Liver meridian related? Give a short reason for each different relationship.

10. What can you see about the relationship of each pair of meridians in the three YIN Energetical Layers? THINK before answering!

11. CLINIQUE: You awake just before seven o'clock on a Sunday morning with a terrific headache. You immediately take your pulses and their strengths read as shown below. On the back of this page analyze the problem, tell what acupuncture point(s) could be used, treatment time, reasons, and so on. This is a fairly complex problem, so give it a lot of thought before you answer.

Lu	Sp	EH	He	Li	Ki
+++	--	-	-	+	-
LI	St	TB	SI	GB	Bl
---	0	0	0	0	--