

## **THEORY**

The oldest written acupuncture document is the Huang Di Nei Jing or simply the Nei Jing, dated approximately 500 B.C.

Traditional Chinese Medicine (TCM) doctors believe everything can be thought of in terms of energy or Qi, pronounced Chi. They believe energy comes from inspired air and the food we eat. They also believe we are born with a certain amount of original energy. They believe energy travels in specific pathways or meridians. Simply stated, disease or illness results when the flow of Qi is blocked or disrupted in the meridians. Your job is to remedy any obstruction, to unblock and promote the free flow of energy in the meridians involved. This principle of blocked energy is the cause of all illness, (physical, mental, spiritual, and emotional).

There is an AP treatment for everything. I have found that, with a basic knowledge, you can treat and cure many problems. You will be amazed at your success. Your patients will thank you and your medical practice will be invigorated.

The Chinese believe there are two causes of illness- external and internal. External causes include wind, cold, heat, dampness, and dryness. Internal causes include the emotions: fear, anger, sympathy, sadness, and joy.

The Chinese believe the goal of life is to be in balance, at peace, in harmony with all that is. To understand this, The Theory of Yin and Yang was formulated. All things are divided into Yin and Yang, which are conceived of as opposites, as two forces.

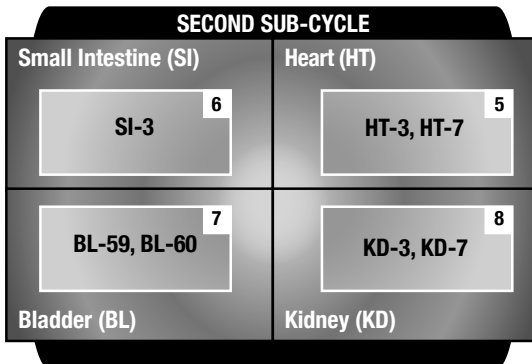
The ideal situation is to have a balance of Yin and Yang. Disease results when we have an imbalance. AP is designed to restore harmony. Accordingly, if we have a state of energy deficiency, whether Yin or Yang, we will need to put energy into the system. This process is called tonification. For states of energy excess, we remove energy; through a process called sedation or neutral technique.

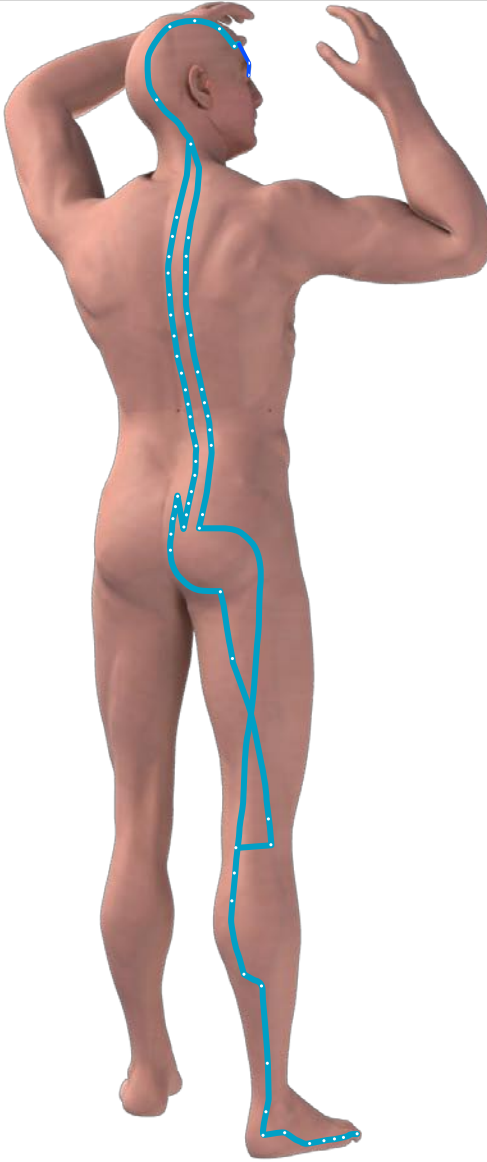
## TREATMENT COMBINATIONS

The art of AP is to creatively utilize all known information about the problem. Often problems are straight forward. Any problem that anatomically crosses a meridian, will certainly involve treatment to that meridian. We then know which sub-cycle to treat. A simple decision must be made as to whether the problem is one of excess or deficiency. We will treat acute problems as energy excess, chronic problems as energy deficiency. Older people generally have deficiency states; younger people have excess problems. Points can then be chosen and treatment begins. It is equally rapid and simple to only use AA. However, problems are often more complicated. The presenting problem may not be the patient's primary dysfunction. This is where utilizing pulse diagnosis, tongue diagnosis, AA, and five element information helps. For example, a patient's main complaint might be leg pain in the GB meridian. However, Five Element information might show the patient's favorite color is black, and they dislike cold weather. If this were coupled with a weak Kidney pulse, a red dry tongue, and symptoms pertaining to the Kidney, i.e. problems with sex, teeth, joints, low back, and reproduction (See Yin Organ Functions Table) we would have good evidence that the patient's main pathology lies in the Kidney. So besides treating the GB meridian, he will require treatment to the Kidney meridian. Treatment can be simultaneously or separately.

Meridian treatments involving the Kidney are quite common, especially for low back pain and fatigue. One of my favorite treatments for chronic low back pain is KD-3, KD-7, and BL-60. Additionally, I do not use electro-acupuncture on the first treatment for any patient.

**DIAGRAM V: Second Sub-Cycle**



**Model VII: Bladder Meridian**

- ▼ BL-1: In a depression, 1/10 cun above the inner canthus of the eye.
- ▼ BL-11: 1.5 cun lateral to the lower border of T-1 spinous process.
- ▼ BL-12: 1.5 cun lateral to the lower border of T-2 spinous process (Wind Gate).
- ▼ BL-13: 1.5 cun lateral to the lower border of T-3 spinous process (Lung Shu point).

## CHAPTER 15 :: Point Locations

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- ▼ BL-14: 1.5 cun lateral to the lower border of T-4 spinous process (MH Shu point).
- ▼ BL-15: .5 cun lateral to lower border of T-5 spinous process (Heart Shu point).
- ▼ BL-17: 1.5 cun lateral to the lower border of T-7 spinous process.
- ▼ BL-18: 1.5 cun lateral to lower border of T-9 spinous process (Liver Shu point).
- ▼ BL-19: 1.5 cun lateral to lower border of T-10 spinous process (GB Shu point).
- ▼ BL-20: 1.5 cun lateral to lower border of T-11 spinous process (SP Shu point).
- ▼ BL-21: 1.5 cun lateral to lower border of T-12 spinous process (ST Shu point).
- ▼ BL-22: 1.5 cun lateral to the lower border of L-1 spinous process (TH Shu point).
- ▼ BL-23: 1.5 cun lateral to the lower border of L-2 spinous process(KD Shu point).
- ▼ BL-25: 1.5 cun lateral to the lower border of L-4 spinous process(LI Shu point).
- ▼ BL-27: 1.5 cun lateral to the Governing Vessel at the level of S-1 foramen (SI Shu point).
- ▼ BL-28: 1.5 cun lateral to the Governing Vessel at the level of S-2 foramen(BL Shu point).
- ▼ BL-40: At the midpoint of the transverse crease of the popliteal fossa, between the tendons of the semitendinosus and the biceps femoris.
- ▼ BL-52: 3 cun lateral to GV-4.
- ▼ BL-59: 3 cun directly above BL-60 (See BL-60).
- ▼ BL-60: In the depression between the highest point of the lateral malleolus and the Achilles tendon.
- ▼ BL-67: On the lateral side of the 5<sup>th</sup> toe, 1/10 cun proximal to the corner of the nail.