

The Concise Book of Acupoints

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Introduction

What Is an Acupoint? Traditional and Modern Concepts

Traditional Concepts

Traditional Chinese Medicine (TCM) has been practiced for over 5000 years as a way of maintaining health, not necessarily to ease symptoms. It is believed that acupuncture originated in India and was later spread to China, Egypt and Asia by Buddhist monks. It then transferred to Japan and other Far Eastern countries. It has only been popular in the West since the middle of the twentieth century. It was quaintly thought that warriors returning from war exhibiting spear and arrow wounds would slowly be healed of other conditions as their wounds healed, the site of the wound often having no bearing on the diseased part that improved. Over several decades, points were mapped out on the body that had an influence on certain internal organs and parts of the body if they were stimulated by pressure, needle (originally made from bamboo) or burning. These points were called *acupuncture points*, *acupoints*, *xue* or *tsubo*.

Acupoints on the body that possessed a similar internal organ or system affinity were ‘joined together’ in a series of invisible energy lines called *meridians* or *channels*. Each of the meridians was named after the internal organ or system that it appeared to influence. The meridians housed the vital force or chi (ki or prana) and by affecting the acupoint the chi was sedated or stimulated. Until just a few years ago it was widely thought that the meridian system could be likened to a canal waterway system, and the acupoints to lock gates. When the acupoint is stimulated the lock gate is opened and the water flows through, energy once more flowing freely through the system.

The eleven meridians that are named after the internal organs they influence are; Large Intestine (LI), Small Intestine (SI), Stomach (ST), Gall Bladder (GB), Bladder (BL), Lung (LU), Heart (HT), Spleen (SP), Liver (LR), Kidney (KI) and Pericardium (PC). Added to these was the Triple Energizer (TE) channel. These twelve all exist as bilateral meridians. There are a further eight ‘extraordinary’ meridians, six of which are composites of the original twelve, plus two unilateral channels named Governor (Gov) and Conception (Con).

Traditional forms of acupuncture and acupressure are not confined to China. Ayurvedic medicine has given us the amazing concept of the major and minor chakras that are considered to be whorls of energy that stem from a single acupoint on the physical body and permeate the layers of the subtle auric bodies. There are also Marma points – another traditional Ayurvedic concept which states that there are 107 vital acupoints in the body that link the energy channels of the nerves, muscles and joints. These points are mostly used with pressure and incorporated into massage techniques but may be used in acupuncture as they seem to exist as a combination of meridian, non meridian, trigger and reflex points.

Yin and Yang

Although this 'concise' book will not deal with acupuncture analysis and diagnosis or deeper aspects of philosophy, it is important that these two terms are understood as changes in the chi energy affect Yin and Yang each time an acupoint is influenced. These two words (properly pronounced 'inn' and 'arng') are the two poles of chi and are opposite and yet complementary to each other. Yin and Yang philosophy forms the backbone of traditional Chinese, Japanese, Indian and tribal medicines (although they are sometimes known by different names). The ideas behind Yin and Yang developed from observing the physical world. It was observed that nature appears to group into pairs of dependent opposites. Thus, the concept of 'night' has no meaning without the concept of 'day'. As you will know, there is no such thing as absolute Yang or absolute Yin and an increment of one always appears in the other. The organs and meridians are either predominantly Yin or Yang (called Zang and Fu) – the Yin organs being mostly solid in nature, and mostly essential to life, whereas the Yang organs are hollow and often peristaltic in nature. The Yin meridians are generally positioned along the antero-medial aspects of the limbs and torso and the Yang meridians on the postero-lateral. The Yin meridians therefore 'ape' the organs in that they appear to be 'protected'. Further divisions will be mentioned later in the chapter.

Yin	Yang
Winter	Summer
Cold	Heat
Female	Male
Dark	Light
Chronic	Acute
Flaccid	Spastic
Stiffness	Mobility
Oedema	Inflammation
Hypotension	Hypertension
Vital organs	Hollow organs

Table 1.1 Yin and Yang equivalents (shortened version).

Acupuncture Nomenclature

In 2003 the World Health Authority decided to standardize acupuncture nomenclature so that each practitioner used the same names and initials. Until then it had been a hotchpotch of different titles and initials. The Pericardium meridian had been known as Heart Constrictor and even Circulation-Sex by kinesiologists. The Triple Energizer had also been known as the San Jiao, Triple Warmer or Three Heater. The initials used have also been through a number of changes before they were standardized. They now consist of all upper case initials.

Modern Concepts

The reason why the practice of acupuncture has proliferated in the West over the past couple of decades is that a great deal of its physiological rationale has been scientifically proven beyond doubt. It is certainly the reason why it is practiced in publicly funded medical organisations as well as those that are privately run. Medical acupuncture is not practiced on the foundation of vital force or any 'archaic' diagnostic procedures such as tongue and pulse diagnosis, but rather by using formulaic procedures for given conditions or pain syndromes. Traditionalists would argue that this noble art (note – not science) has been denigrated and watered down by removing that

part of the philosophy that enabled the person to be treated holistically as opposed to merely easing the symptoms. It is an argument that will run and run. Rather than obstruction in the flow of circulation and chi described in the traditional texts, disease is understood to be caused by micro-organisms, metabolic failure, changes in DNA structure or signalling, or a breakdown in the immune system.

Modern studies have indicated that acupuncture stimulates some of these signalling systems, which may increase that rate of the healing response. Research has indicated the primary signalling system affected by acupuncture is the central nervous system, which not only transmits signals along the nerves but also a variety of bio chemicals that influence other cells of the body. Acupuncture analgesia seems to be mediated by the release of enkephalin and beta-endorphins. Although modern science has proven how pain relief works *ad nauseum*, it has failed to show how non-pain syndromes are helped. These would include improving the wellbeing of a patient, emotional imbalance, non-painful respiratory, skin, cardiac and other internal organ imbalance.

Acupoints and Reflex Points

There has been much debate over whether or not there is any correlation between acupoints and reflex points. It has been shown that meridian acupoints, non meridian acupoints and the major reflex points (some of which are classical trigger points) seem to be points on the body that show a lower electrical resistance compared to the surrounding tissues. My own research has shown that there is no actual difference between acupoints and reflex points except that acupoints are used more widely in acupuncture than reflex points. All of these points are, after all, reflected points of internal organs or other parts of the body and exhibit tenderness when there is an energy imbalance within the body part. This Concise book will concentrate on the most used meridian acupoints but will also include some useful non-meridian acupoints and reflex points.

Deqi

Each time an acupoint is needled, the practitioner should evoke the sensation of deqi within the patient's tissues. Deqi literally means 'acquiring the qi' (or chi). The patient may feel a myriad of sensations when a needle is correctly inserted into the acupoint. These could include an ache, a spreading sensation into the local tissues of travelling down the meridian channel, numbness, tingling, pulling, heaviness or warmth. Experienced patients will always let the practitioner know if the needle is 'spot on' and, quite frankly, it is a waste of time performing acupuncture unless deqi has been felt. The practitioner will also sense deqi. The acupoint will often 'grab' the needle and seem to suck it in, it amazingly hangs on to the needle until the treatment has been effective, after approximately twenty minutes. The practitioner may also sense an alteration in the patient's breathing rate, pulse rate, or body temperature. It may also bring about abdominal rumbling, sighing, sweating, itching or crying. Therefore correct needle insertion must influence the patient's autonomic nervous system. An area of redness around the needle insertion will often appear after a few seconds. In traditional acupuncture philosophy this is said to represent 'fong' or *perverse energy* and would indicate correct acupuncture treatment. Some patients have stronger reactions than others and some acupoints react more forcefully than others. The strongest fong reaction points appear to be on the torso and abdomen. Fong is just a histamine reaction within the patient's tissues, which varies widely from person to person.

What Can We Do With an Acupoint?

In attempting to affect the flow of chi, you may use the following methods:

- Needle in sedation or stimulation mode
- Needle stimulated with an electro-acupuncture instrument
- Plum Blossom needle stimulation
- Press needle or stud as used in auriculotherapy
- Prismatic needle or scarifier for blood letting
- Moxabustion either directly on the point or above it using a moxa stick
- Electronic machine stimulation such as TENS
- Laser stimulation
- Magnets
- Cupping
- Finger pressure in sedation or stimulating mode (acupressure, shiatsu or tuina)

Acupoints may even be injected with substances (especially homoeopathic tinctures) that possess the same vibrational frequency as the point. This is called 'homoeo-puncture' and is a technique that is popular in France and Belgium. There are also several different portable electronic instruments that both detect the existence of acupoints as well as stimulating them. To add a little esotericism to the plot here, it is also possible to stimulate the 'auric' acupoint either by needle or finger stimulation. If acupoints are considered to be vortices of energy, then each acupoint must possess an etheric position as well. The most popular ways to affect acupoints though are by needle, moxabustion and acupressure and it is these three that will be discussed.

Needle

Needles are usually made from stainless steel but occasionally are made from specialized metals such as gold, zinc and copper. They may be inserted by means of a metal or plastic guide tube if the handle of the needle will accommodate this. By far the most common needling practice in the West is to use pre-sterilized blister packs and each one is disposed of after use. As recently as the late 1980s it was impossible to do this and every needle needed to be sterilized by autoclave or glass bead sterilizer after use. The most commonly used needles are between half an inch and three inches in length. The much longer fine needles that are up to eight inches long are used to thread along a superficial meridian along the scalp (very specialized).

Needling Techniques

As practitioners will acknowledge, it is not just a question of inserting a needle at the correct angle to the body into an acupoint and 'leaving it there'. Where chi is deficient, the needle needs to be stimulated by a range of different methods such as lifting, thrusting, rotation, flicking or stroking the handle. This is called *reinforcing* or *stimulation* and is designed to create a surge of chi flow where little existed before. The reducing or sedating technique is to insert the needle and leave it in situ for up to twenty minutes in order to reduce an excess of chi. There is also a neutral (or even) technique when there is neither insufficiency nor excess and the acupoint is needled to affect a distal region.

Needling Angles

The angle at which the needle is inserted is dependent upon the anatomical site of the acupoint, the desired result and the patient's underlying condition. There are three main angles of insertion; perpendicular, oblique and transverse. Perpendicular insertion is at 90 degrees to the skin and is the most commonly used. It is especially suitable for fleshy areas. Oblique or slanted insertion (30 to 60 degrees) is suitable where the flesh is thin or where an internal organ or vessel lies deep to the location. Transverse insertion (5 to 20 degrees) is suitable for thin areas with very little flesh and for subcutaneous needling. Many of the facial and neck points are needled in this fashion or where two points are needled at the same time.

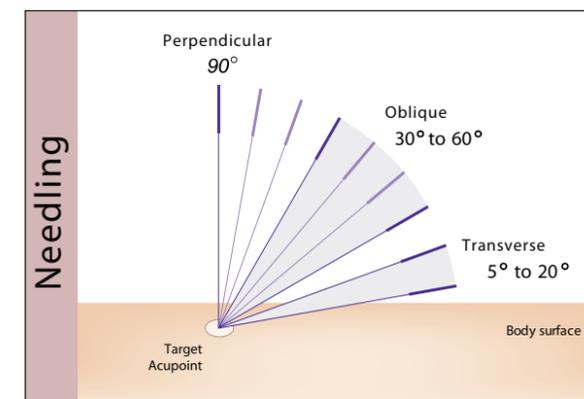


Figure 1.1: Needling angles.

Needling Depth

The depths that are recommended in this book are for the 'average' adult size. The depth of insertion should be modified for children (shallower), overweight and obese patients (longer needle required) and very slim adults where the needling is more superficial. The golden rule in all needling is to affect the acupoint and obtain the sensation of *deqi* (sometimes called *te qui*).

Needling Contraindications

Needles should not be applied to; scar tissue, open wounds, swellings such as lipomas, cysts, skin growths, boils or infected areas. Adjacent points along the same meridian should be chosen instead. Certain acupoints are also 'forbidden' in pregnancy and patients with certain psychotic tendencies. Needling should not be considered in patients with bleeding and clotting disorders or who are taking anti-coagulant drugs. Unless the point is a recognized standard acupoint, the skin should not be punctured. It also goes without saying (but I shall) that needling is also contraindicated in patients who do not want invasive acupuncture – their wishes must be respected at all times. One can administer acupressure, magnets, cupping, TENS and many more types of non-invasive acupuncture to achieve the same results. Be very careful of needling around the lungs and pleura deeper than a centimetre. The nipple (ST 17) and umbilicus (Con 8) should be considered as 'no go' acupoints to needle although there are many more that are potentially dangerous and hazardous. These will all be indicated in the text.

Moxabustion

Moxabustion (often referred to as moxibustion) is as old if not older than needling. It is a process of burning a dried herb, usually mugwort (*Artemisia vulgaris*) on the acupoint. Mugwort is used as it burns slowly and evenly. It is performed when there is a deficiency of chi in the acupoint, meridian or corresponding internal organ. Thermal energy is easily taken up by the body. Certain acupoints are forbidden to moxa and these are highlighted in the text. Moxa may be used directly or indirectly to affect an acupoint.

Direct Moxabustion

This may be performed in several ways:

- By making a cone from loose moxa punk. The small rolled up ball is placed on the acupoint and lit by means of a taper. The patient is instructed to say 'ouch' or some other acceptable incantation when he or she feels a sharp flash of heat and the practitioner removes quickly.
- Packed moxa inside a paper tube about half an inch thick and tall is placed on the acupoint and lit using a match or taper. This method intrudes thermal energy on a much more even and slower rate than the moxa ball. The ash is then removed following up to five 'moxas'.
- Loose moxa punk or a packed moxa pack as previously described may be placed on the end of a special copper-handled long needle that has previously been inserted into an acupoint. The moxa is lit and heat is transferred down the copper (a good conductor) handle thus giving heat to the acupoint. Chronic arthritic joints or deep muscular lesions may be helped enormously by this method.
- On acupoints that are forbidden to needle or moxa, moxabustion may still be applied by using a medium between the moxa and the patient's skin. Salt is often placed in Con 8 (umbilicus) and the moxa is burned on the layer of salt. Slices of garlic and ginger may be used as a mugwort substitute in any acupoint.

Indirect Moxabustion

Thermal energy may be applied indirectly to an acupoint by the following:

- A moxa roll is a long cigar-shaped paper tube filled with compacted mugwort. The end is lit and allowed to burn for a few seconds and is introduced to the vicinity of the acupoint approximately one to two centimetres above the skin. The patient is asked to report when he/she feels the warmth. A similar technique may be applied with an ordinary taper.
- A moxa box appears in various designs but works on the common principle of allowing heat from the moxa to be distributed over a large area. This is ideal to treat a large area of the lower spine.

Moxabustion Cautions

The following precautions must be taken:

- Precautions must be taken to avoid burning, so care must be taken in not stimulating the acupoint too much.
- Areas of numbness and febrile diseases are contraindicated.
- Do not use moxabustion to the lower spine or abdomen in pregnant women.
- Do not give moxa on areas of oedema and varicosities.
- A burn may be treated by using a proprietary branded 'burn ointment' after the part has been doused in cold water. Hydrocortisone cream or homoeopathic *calendula* ointment may also be tried.

Acupressure

The use of pressure with the fingers on an acupoint is older than the use of needles or moxabustion. Various methods of manual techniques include acupressure (several approaches), reflexology (several types), shiatsu (Japanese), tuina (Traditional Chinese), anma (Traditional Japanese) and daoyin (strictly a mind/body exercise). There are scores of variations of these, some of which combine acupoints into the treatment regimen and others that do not.

Methods of finger acupressure (using the word as a generic term) are:

- Light touch on a point
- Deep touch on a point
- Gentle massage on a point
- Stimulating massage on a point
- Light massage on an area or meridian
- Stimulating massage on an area or meridian

These methods are used to stimulate or sedate the acupoint and the surrounding tissues and influence the controlling meridian, thus affecting the local area or the reflected area.

Acupressure Contraindications

Pressure and massage treatment should not be performed during the first three months of pregnancy or anywhere on the abdomen during the whole of pregnancy. Pressure should not be applied to any area of open wounds, swellings, cysts and lipomas or any area of varicosities. The acupoints of Gov 28 (mouth), ST 17 (nipple) and Con 1 (perineum) are obvious no go areas. Please also be aware that you do not have to be 'pin-point' accurate when applying pressure and that there is an 'area of influence' surrounding the point. Some therapists imagine that acupressure is a 'watered down' cheap imitation of needle acupuncture – nothing is further from the truth. The great advantage of acupressure (performed correctly) is that you can feel what is occurring within the patient's tissues as the treatment is progressing.

Traditional Relationships of Acupoints

The relationship of acupoints is the cornerstone of traditional acupuncture and separates the philosophies of Chinese, Japanese and Ayurvedic traditional acupuncture systems from those of modern Western acupuncture that concentrate on formulaic and symptomatic approaches.

There are several traditional acupuncture relationships and approaches that may be employed, and below is a flavour of what exists, it is not though a total breakdown as that would fall outside the remit of this book.

Traditional Chinese medicine approaches include:

- Great points
- Source points
- Accumulation points
- Connecting points
- Gathering points
- Five Transporting points
- Tonification, Sedation and Horary points
- Back Transporting points
- Front Collecting points
- Eight Opening points

Traditional Ayurvedic medicine philosophy (combined with my own research) includes:

- Physical aspects of the seven major chakras (anterior and posterior)
- Physical aspects of the twenty-one minor chakras
- Marma points

Traditional Chinese and Japanese philosophy usually associated with reflected areas:

- Vertical zones incorporating specific acupoints
- Parallel points

Modern Western acupuncture and pressure/massage also use the scores of active and latent Trigger points

Great Points

The term 'Great' point is a relatively modern interpretation of possibly the twelve most commonly used acupoints in acupuncture. This represents one acupoint per meridian even though some meridians would contain two or more commonly used points. They are considered to be the 'polychrest' of acupoints in that each of these points may be used in at least three different ways. These must be learned in order to be able to perform even the most basic forms of successful acupuncture. They are:

Yang points **LI 4; ST 36; SI 3; BL 66; TE 5 and GB 41**
 Yin points **LU 7; SP 6; HT 7; KI 3; PC 6 and LR 3**

Source Points

The Source or Yuan points for each of the twelve meridians are located around the ankles and wrists. They are said to have a direct link with the associated organ or system represented by the meridian and, as such, are those points used to stimulate the energy in the organ. They are:

Yang points **LI 4; ST 42; SI 4; BL 64; TE 4 and GB 40**
 Yin points **LU 9; SP 3; HT 7; KI 3; PC 7 and LR 3**

Accumulation Points

The Accumulation or Cleft-Xi points generally treat an excess of chi (yang) in the organ or meridian, particularly when there is pain. They are:

Yang points **LI 7; ST 34; SI 6; BL 63; TE 7 and GB 36**
 Yin points **LU 6; SP 8; HT 6; KI 5; PC 4 and LR 6**

Connecting Points

The Connecting or Luo points are used to balance or harmonise chi between the paired yin-yang meridians, usually from a yin channel to its yang counterpart. They are:

Yang points **LI 6; ST 40; SI 7; BL 58; TE 5 and GB 37**
 Yin points **LU 7; SP 4; HT 5; KI 4; PC 6 and LR 5**

Gathering Points

There are eight Gathering (sometimes called Influential or Meeting) points. They appear to have a direct influence on various systems of the body and should be used in conditions where the specific system is deficient. They are:

Chi	Con 17	Bone	BL 11
Blood	BL 17	Tendons	GB 34
Vessels	LU 9	Yin organs	LR 13
Marrow	GB 39	Yang organs	Con 12

Five Transporting Points

The five Transporting (sometimes called Command) points are five points on each meridian between the fingers and elbows and between the toes and knees. They are linked to the Law of Five Elements or Transformations. Each of the five points represents a different depth of chi flow where the meridian may be likened to a river flowing with water. From the distal to the proximal, i.e. finger or toe to the elbow or knee the points are named Tsing (Well), Ying (Spring), Shu (Stream), Jing (River) and He (Sea). Figure 1.2 represents this.

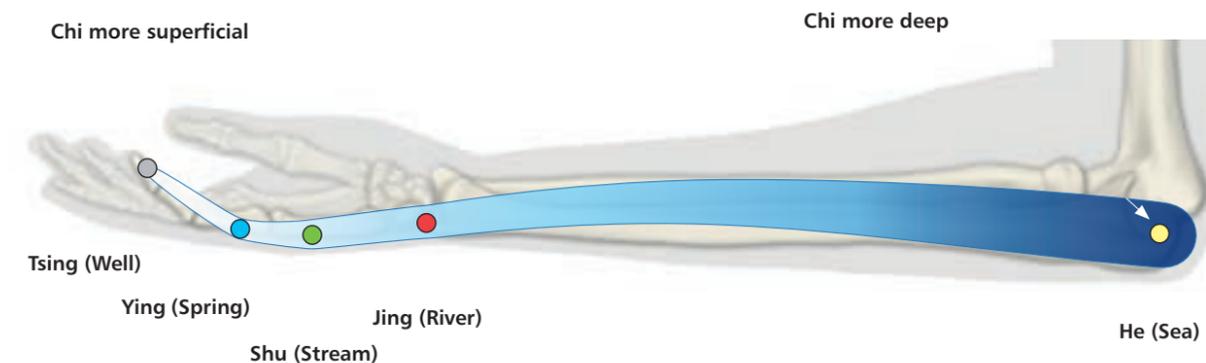


Figure 1.2: Schematic representation of the Five Transporting points.

The *Tsing* points are located at the distal end of the meridian and are sometimes called the *nail* point. Here, the chi is at its most superficial and is often where the energy of the associated yin/yang meridians alters its polarity. On the yin meridians they are points on the Wood element and on the yang meridians they are on the Water element.

The *Ying* points are located at the base of the fingers and toes and have a deeper energy flow to the *Tsing points*. On the yin meridians they are points on the Fire element and on the yang meridians they are on the Water element.

The *Shu* points are located at the wrists or ankles and represent a deeper flow of energy than the other two. On the yin meridians they are also the Source points and the Earth element, and on the yang meridians they are on the Wood element.

The *Jing* points are located on the forearm and lower leg. The flow of chi is much deeper and stronger in these points. On the yin meridians they are on the Metal element and the yang meridians are on the Fire element.

The *He* points are located at the elbows and knees and represent the most harmonising points of the five. On the yin meridians they are allocated to the Water element and on the yang meridians they are part of the Earth element.

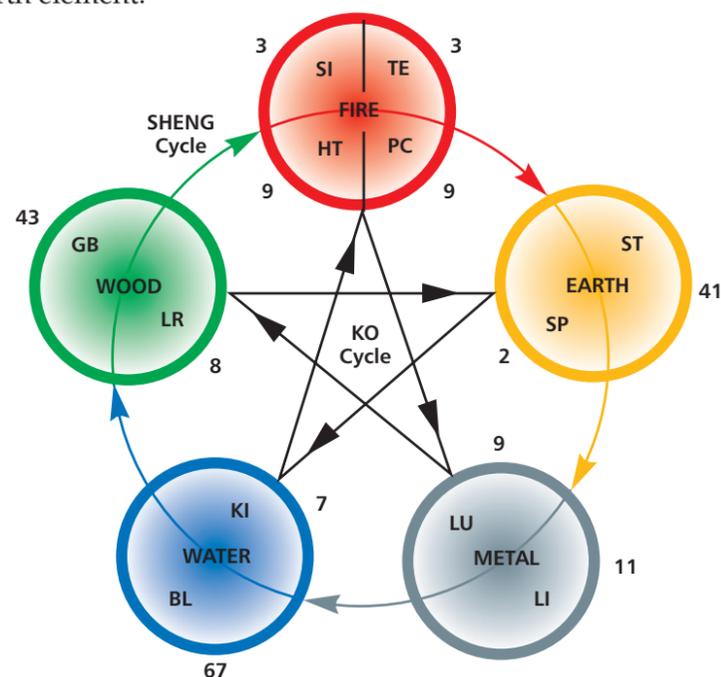


Figure 1.3: The internal organs and seasons in relation to the Five Elements in the Creation, Controlling and Rebelling cycles.

Tonification, Sedation and Horary Points

These sets of points are linked to the traditional concept of the Law of Five Elements or Transformations (Phases). This comprehensive and far reaching part of traditional philosophy remains one of the cornerstones of traditional acupuncture and is well known to all who practice this noble art. As there are so many erudite tomes on this Law, it is merely illustrated here and the acupoints shown. Figure 1.3 shows an illustration of the Law with the internal organs colour-coded showing the *Tonification* points. These are points that are used (on either the Sheng cycle yang or Sheng cycle yin) to transfer chi energy from one organ to another i.e. from the 'mother' to the 'son'. They are often used at the end of a treatment session to create a balance of energy within the patient. They are:

Yang Sheng cycle **ST 41; LI 11; BL 67; GB 43; SI 3 or TE 3**
 Yin Sheng cycle **SP 2; LU 11; KI 7; LR 8; HT 7 or PC 9**

Where there is an excess of chi energy within the organ/meridian, the *Sedation* points are used to disperse chi from the 'son'. They are:

Yang acupoints **ST 45; LI 2; BL 65; GB 38; SI 18 and TE 10**
 Yin acupoints **SP 5; LU 5; KI 1; LR 2; HT 7 and PC 7**

The *Horary* points are those points that reinforce chi in an organ/meridian by using the same Element point as the organ, e.g. the Fire point to stimulate the Small Intestine or the Metal point to reinforce the Lung. In clinical practice this is most beneficial if it coincides with that time of the day when there is most chi in a particular organ compared with the rest of the 24 hours (Chinese Clock). They are:

Yang points **LI 1; ST 36; SI 5; BL 66; TE 6 and GB 41**
 Yin points **LU 8; SP 3; HT 8; KI 10; PC 8 and LR 1**

Back Transporting Points

The Back Transporting (also known as Back-Shu or Associated Effect) points are those points on the 'inner' Bladder meridian on the posterior aspect of the trunk that seem to have a direct energy link to the internal organs, probably by an autonomic nervous system link. They are ideal points used in pressure and massage techniques but extensively used with needle. They are excellent points to use in chronic energy imbalances. Figure 1.4 illustrates these points.

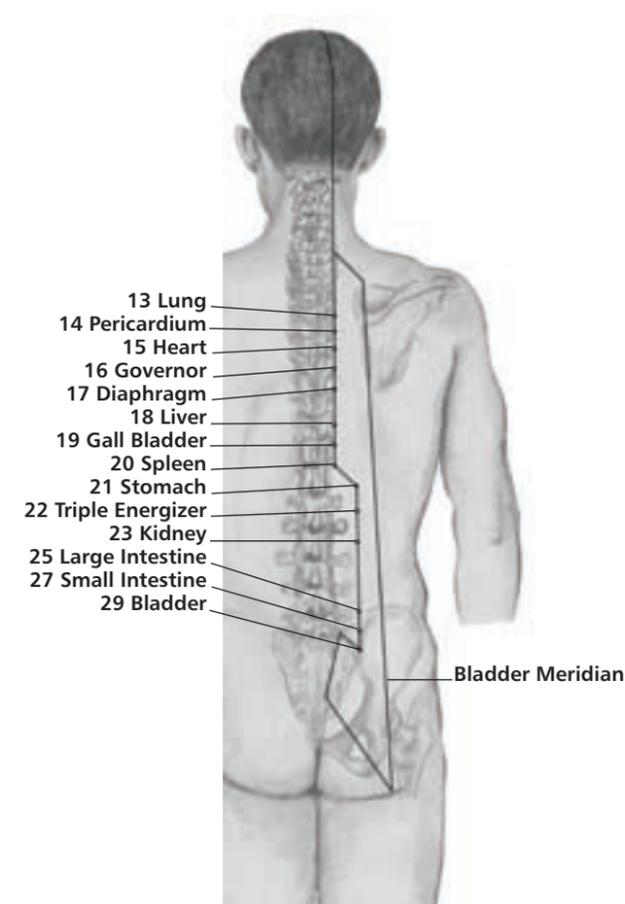


Figure 1.4: Back transporting points.

Front Collecting Points

The Front Collecting (also known as Mu or Alarm) points are located on the chest and abdomen. They are sensitive points when the corresponding organ is in a state of stress and are often used in First Aid situations and acute conditions. Figure 1.5 illustrates these points.

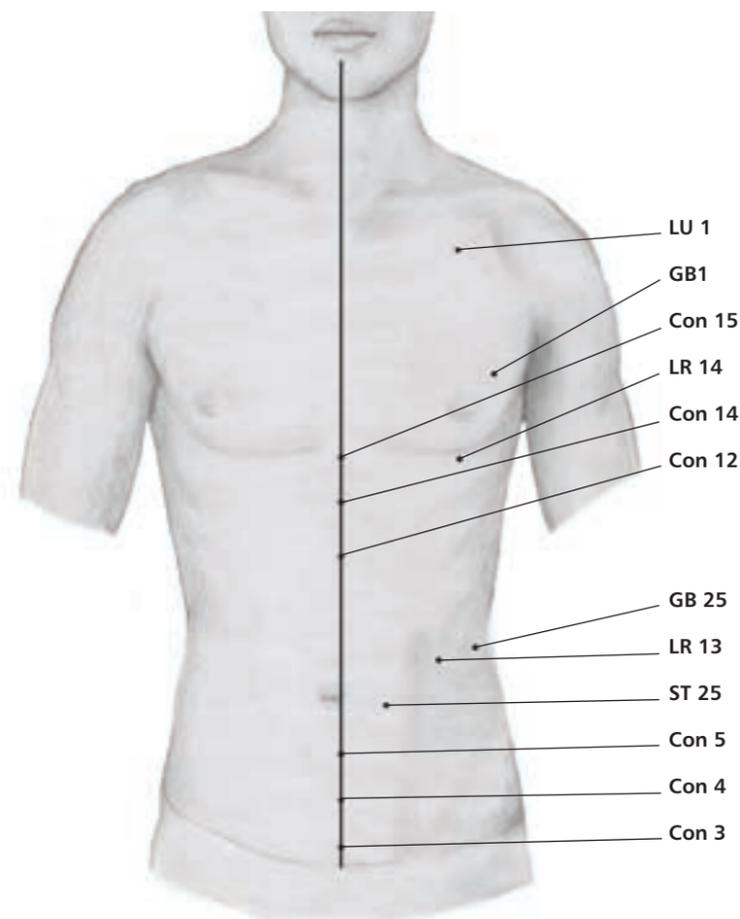


Figure 1.5: Front Collecting or Alarm points.

Eight Opening Points

The Eight Opening (also known as Key) points are those points that seem to 'open up' the eight extraordinary meridians. These meridians are not directly linked to internal organs and only two of them Conception and Governor have acupoints dedicated just to them. The other six use acupoints of other meridians. The key points on these channels may be used with needle, pressure and magnets as they seem to work powerfully in hormonal and chemical imbalance. The eight points are usually treated as four couples and remain a powerful tool for practitioners worldwide. They are:

- Governor (Du Mai) **SI 3** coupled point **BL 62**
- Conception (Ren Mai) **LU 7** coupled point **KI 6**
- Vital Vessel (Chong Mai) **SP 4** coupled point **PC 6**
- Girdle Vessel (Dai Mai) **GB 41** coupled with **TE 5**
- Yang Motility (Yangchiao Mai) **BL 62** coupled with **SI 3**
- Yin Motility (Yinchiao Mai) **KI 6** coupled with **LU 7**
- Yang Regulator (Yangwei Mai) **TE 5** coupled with **GB 41**
- Yin Regulator (Yinwei Mai) **PC 6** coupled with **SP 4**

Physical Aspects of the Seven Major Chakras

The word *chakra* means 'wheel' in Sanskrit. These are considered to be *force centres* or whorls of energy permeating from an acupoint on the physical body through the layers of the subtle bodies in an ever-increasing fan-shaped formation. They are rotating vortices of subtle matter and are considered to be focal points for the reception and transmission of energies. With the exception of the Crown chakra, each of the major chakras has both spinal and ventral aspects with corresponding acupoints. Strictly speaking the Base chakra is situated at Con 1 or Gov 1 but these two points are not readily accessible or acceptable to being treated for obvious anatomical reasons. Con 2 and Gov 2 may therefore be used as each point is still within the area of influence that is required. The acupoints are as follows:

Chakra	Spinal Level	Spinal Acupoint	Ventral Acupoint
Crown	–	Gov 20	Gov 20
Brow	Occipito-Atlas	Gov 16	Extra 1 (Yintang)
Throat	C7–T1	Gov 14	Con 22
Heart	T6–T7	Gov 10	Con 17
Solar Plexus	T12–L1	Gov 6	Con 14
Sacral	L4–L5	Gov 3	Con 6
Base	Sacro-Coccyx	Gov 2	Con 2

Physical Aspects of the Twenty-one Minor Chakras

The minor chakras or centres are considered to be reflected points of the major chakras. They are, though, powerful energy points in their own right even though there is not the depth and range that are exhibited by the majors. Twenty of them (ten bilateral points) are used to treat pain syndromes with needle, pressure and magnets. The exception is the Spleen chakra which is sometimes considered to be the eighth major chakra and it is used mostly with the Solar Plexus and Sacral chakras. They are:

Positions	Minor Chakra	Acupoint
1	Spleen chakra	SP 16 (left)
2 and 3	Foot chakra	KI 1
4 and 5	Hand chakra	PC 8
6 and 7	Knee chakra	BL 40
8 and 9	Elbow chakra	PC 3
10 and 11	Groin chakra	ST 30
12 and 13	Clavicular chakra	KI 27
14 and 15	Shoulder chakra	LI 15
16 and 17	Navel chakra	KI 16
18 and 19	Ear chakra	TE 17
20 and 21	Intercostal chakra	SP 21

Each of the major and minor chakras is associated with one or two meridians and has a Key point, which may be used to 'open up' the chakra energy flow. Further information about this fascinating energy system can be found in my two books '*Healing with the Chakra Energy System – Acupressure, Bodywork and Reflexology for Total Health*' and '*Acupuncture and the Chakra Energy System – Treating the Cause of Disease*'. Each of these books is published by North Atlantic Books. Figure 1.6 illustrates the position of the major and minor chakra acupoints.

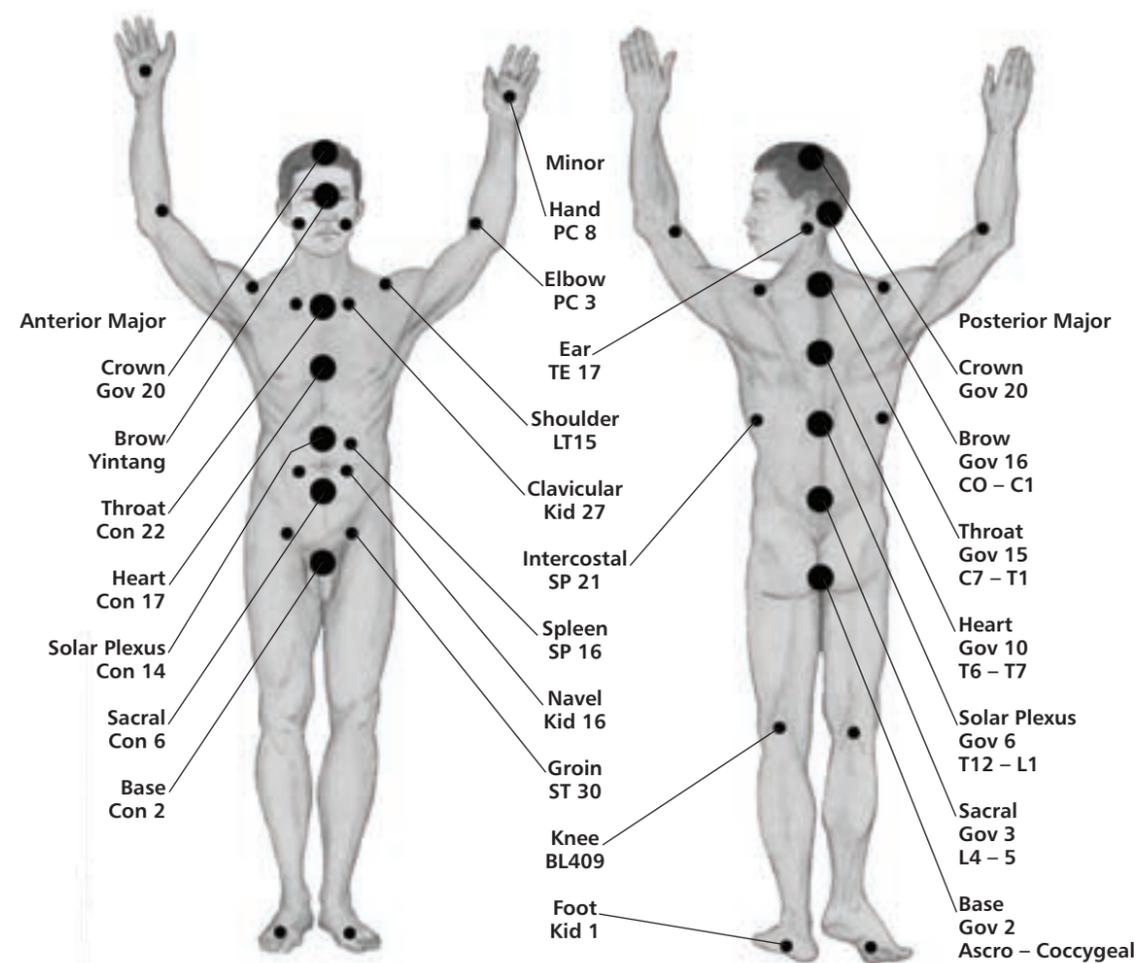


Figure 1.6: Position of the major and minor chakra acupoints.

Marma Points

Marma points appear to be the 'new kid on the block' although their philosophy is aligned to traditional Ayurvedic therapy. They consist of one hundred and seven points that link energy channels, nerves, muscles and joints and are used to treat mainly musculo-skeletal conditions. The main technique is with finger pressure and Ayurvedic massage but it is possible to use them with acupuncture. They appear to be composite acupoints – some meridian, some non meridian and some trigger points.

Vertical Zones: Reflected Acupoints

Although Zone therapy is as old as reflexology and acupuncture, the modern practice of zone therapy began with an American ENT specialist, Dr. William Fitzgerald. He noticed that patients who had performed their own kind of 'painful point therapy' on their feet fared better than those who had not. He discovered that the body may be divided into ten equal vertical sections (five on each side of the body) that cut through the underlying internal organs as well as the skin. Figure 1.6 shows these invisible energy pathways. In simple terms, when a part of the body becomes painful, check in which vertical zone the pain appears and use an acupoint distal to the pain site on the same vertical zone. Examples are; little finger discomfort (zone 5) which may be treated with little toe, outer aspect of knee, outer aspect of trunk or outer aspect of face acupoints. Try it – it works!

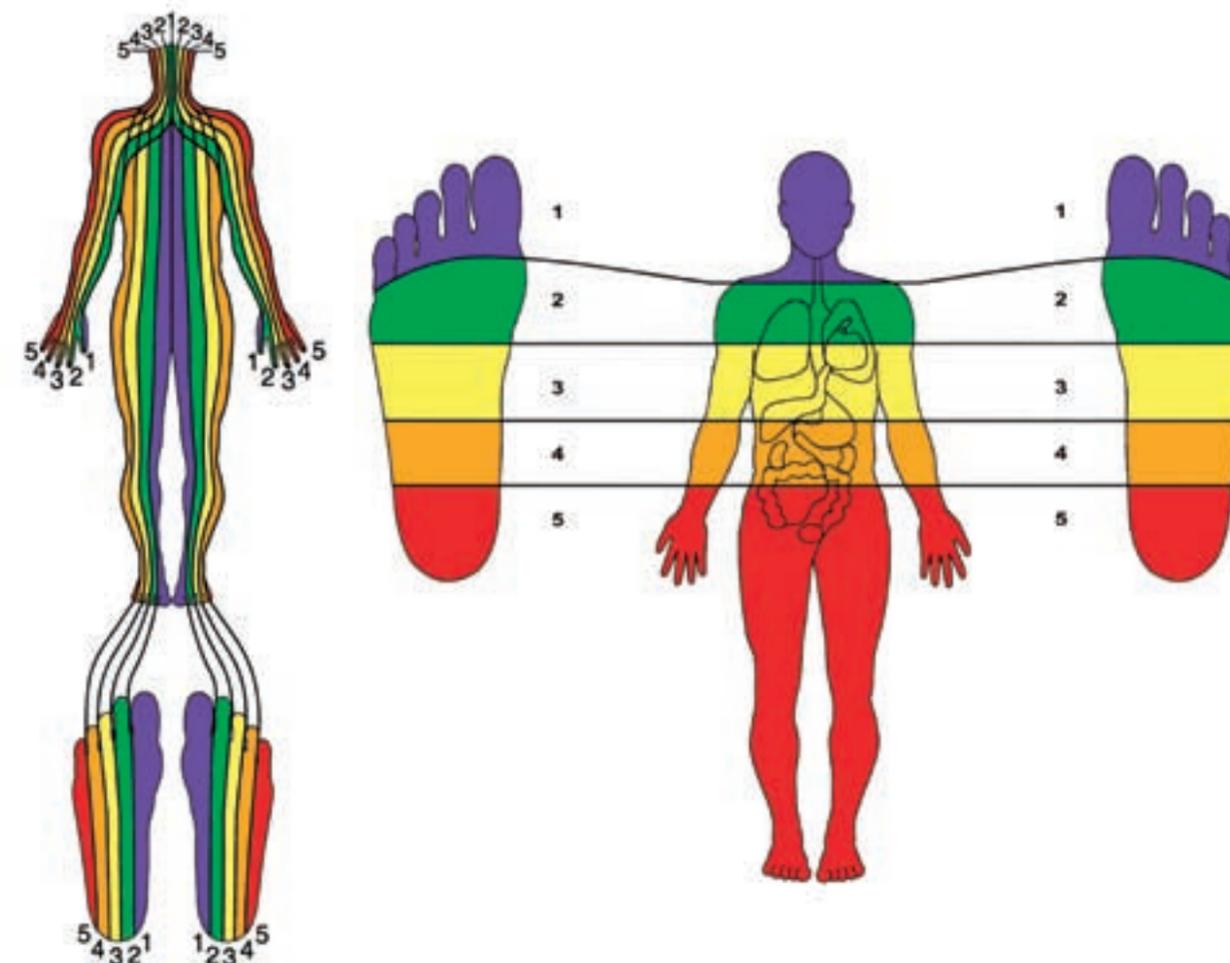


Figure 1.7: a) Body and feet zones, b) level of reflexes on the feet.

Parallel Acupoints

Another aspect of reflexology philosophy that may also be used with needle acupuncture is parallel points. This is based on the very simple concept of parallel joints and works in either of two ways:

- Pain in one joint (or part of the body) may be treated by affecting (by pressure, needle or magnet) the exact same point on the opposite side of the body, e.g. a left shoulder pain may be treated by placing a needle in the opposite LI 15 for example. This is particularly effective when the body part is inaccessible either due to a skin lesion or ulcer or in cases of amputation.
- Pain in a joint may be treated by using an acupoint in the parallel joint. These are: Shoulder – Hip; Elbow – Knee; Wrist – Ankle; Hand – Foot; Occiput – Sacrum, etc. Wherever a pain exists, a reflected area or point will always show tenderness and it is the tender point that requires treatment. As an example pain on the lateral aspect of the knee may be treated by a tender acupoint on the lateral aspect of the elbow e.g. LI 11. Figure 1.8 shows the parallel areas.

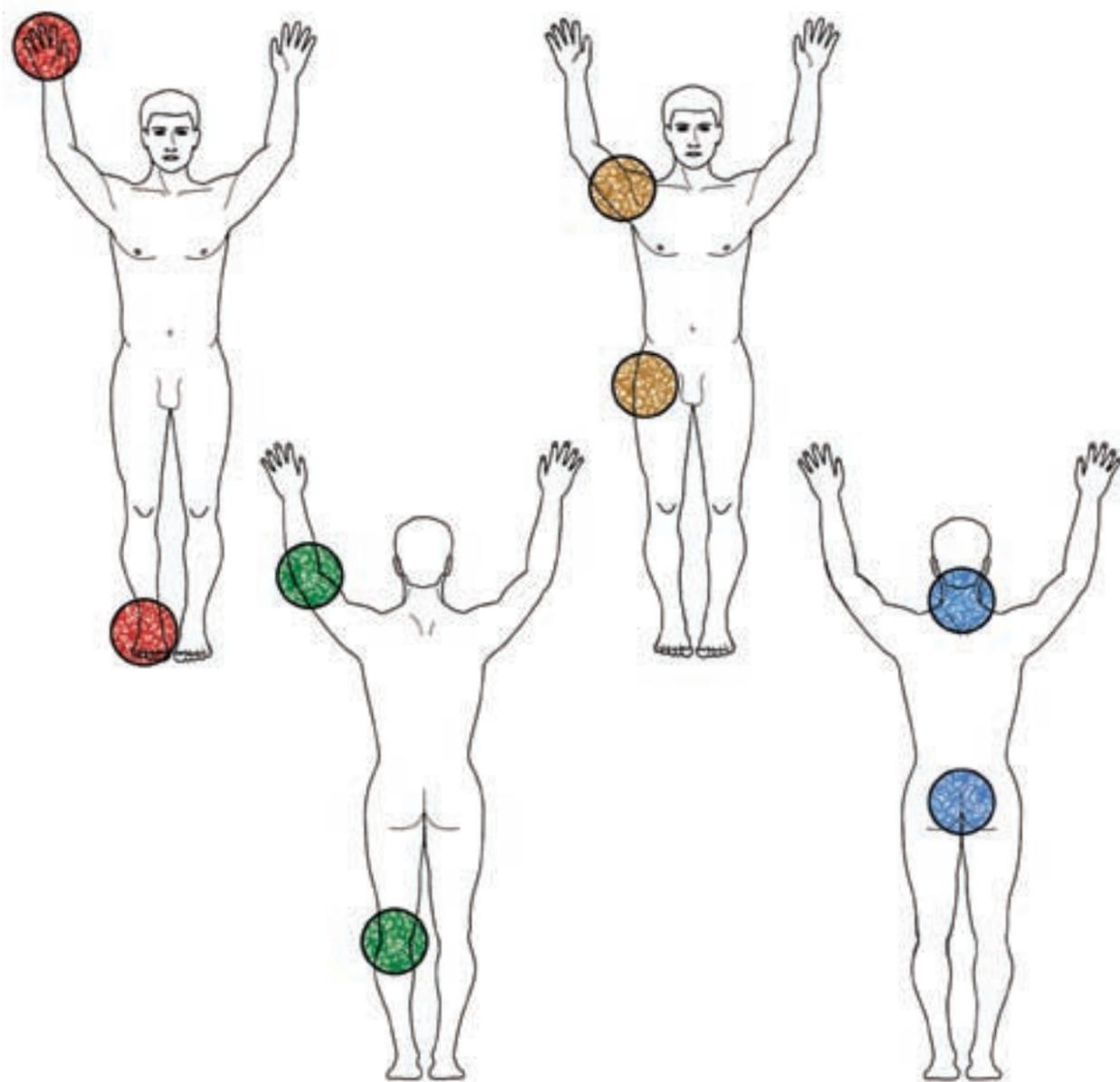


Figure 1.8: Parallel acupoints.

Trigger Points

The so-called trigger points are described as hyperirritable spots in skeletal muscles that are associated with palpable nodules in taut bands of muscle fibres. They appear to be small contraction knots within the muscle. There are two types; active and latent, both of which are acutely painful to the touch. *Active trigger points* are those which have, historically, been mapped out on the body as being linked to certain pain syndromes. An example of this would be Erb's point which is to be found in the upper quadrant of the trapezius muscle close to the second thoracic vertebra – this is linked to pain and inflammation in C5–C6. *Latent trigger points* are those that exist as sore spots that only show exquisite tenderness when heavily palpated. These points are not necessarily associated with classical pain syndromes. Needle acupuncture should be used for very short 'bursts' and needles are not in situ for very long.

Cun Measurement

In the times when Traditional Chinese medicine was in its infancy, patients were all shapes and sizes – fat and thin, short and tall. Where was the yardstick to produce accurate measurements, since it could not be based upon standard units or imperial measure? The patient's own body was therefore used in a method that still exists today. The cun (or pouce or AMI) is a very accurate way of measuring where acupoints exist on the body. One cun is the length of the middle phalanx of the patient's index finger or the width of their thumb. Some simple examples are:

- Two fingers width represent 1.5 cun.
- Four fingers width represent 3 cun.
- Distance from the greater trochanter on the hip to the upper border of the fibula represents 19 cun. Figure 1.9 shows the cun or pouce measurements.

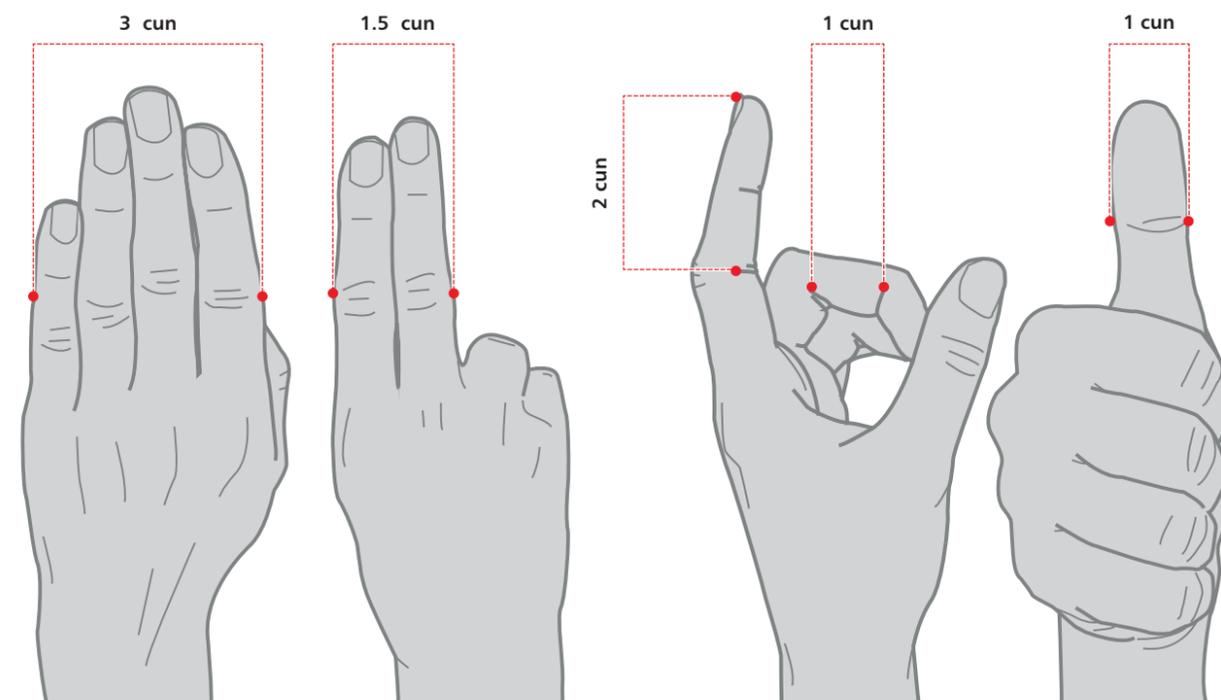


Figure 1.9: The cun or pouce measurements.

Principles of Point Selection

This book is aimed at all acupuncturists; the traditional, the Western trained or medical acupuncturist, the acupuncture student as well as the physical therapy and bodywork practitioner. It is therefore impossible to give a complete list of the principles of point selections; this would cover a whole book in its own right! Acupoints are selected using various parameters, which include:

- Local acupoints
- Distal acupoints
- Acupoints chosen for various disease syndromes – both according to traditional and modern (formulaic) methods
- Trigger points
- Major and minor chakra points

A description of each of the chosen acupoints will include the following:

- Location
- Needle with contraindications
- Moxa and pressure with contraindications
- Actions and indications (Traditional and Western)
- Special properties (only certain acupoints)

Star Ratings

Unique to this book is a star rating attributed to each acupoint. Each point is rated between 2 (★★) and 5 (★★★★★). The ★★★★★ rating is awarded to those points that have many different indications and actions and are the most useful in the body. Some acupoints may be rated differently when used with needle and pressure. Only the acupoints that are used in everyday practice will be described.

About the Illustrations

The illustrations aim to be as anatomically accurate as possible and to show the relevant adjacent structure. A light blue area around the 'dot' of an acupoint indicates a narrow or broad area of influence that may be used with acupressure and/or massage techniques.

