

FIVE DRAGONS
ACUPUNCTURE COLLEGE
CORRESPONDENCE COURSE



LESSON 13
OF
31 LESSONS

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Acupuncture Correspondence Course in 31 Lessons
For Educational and Teaching Purposes.

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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This Lesson on the SMALL INTESTINE MERIDIAN consists of the information given in this section of the Study Guide, all material covered by herewith specified page references to the textbook as supplied (An Outline of Chinese Acupuncture by The Academy of Traditional Chinese Medicine and published by Foreign Languages Press, Peking, 1975), hereafter referred to only as the textbook, and the enclosed "Points of Therapeutic Importance" sheets for this lesson.

- (1) Review textbook pages 33 to the top half of page 35. Notice there are considerable differences in terminology and abbreviations between the textbook and previous O.I.C.S. Lesson materials, as for example: The meridians (chings) are called "channels", ch'i energy is called "qi", and so on. This will pose no real problems as far as your studies of the material, and may be helpful to you as far as understanding other outside reference materials and books in your future career.

THE THEORY OF THE CHANNELS AND COLLATERALS

A. CHANNELS AND COLLATERALS

(1) THE CONCEPT OF CHANNELS AND COLLATERALS

Chinese traditional medicine considers that channels (经jing) and collaterals (络luo) are passages distributed in the human body in which "blood" (血) and "qi" (气 vital energy) circulate. They form a network connecting the superficial and interior portions of the human body, regulating the function of the whole body.

Channels are the main trunks running lengthwise, while the collaterals are their branches.

Channels can be classified into two groups: the regular channels and the extra channels. Together they form the channel system. Generally, the regular channels are known as the Twelve Channels and the extra channels as the Eight Extra Channels.

As for collaterals, there are the major collaterals and the subcollaterals. They make possible connection between one channel and another.

The channels are symmetrically distributed over the entire body. Internally, they connect with the viscera, and externally with the four extremities, skin and the sense organs, making the body an organic whole.

The ancients discovered in the course of struggling against disease that stimulating certain spots of the body surface ameliorated internal diseases. They called such spots "points." They further discovered that stimulating

a definite series of points ameliorated the syndrome of diseases of a specific organ. As they connected these points and the functions of the organs into a system, the theory of the channels and collaterals was gradually formed. However, owing to the restrictions placed by existing social conditions and the limited scientific knowledge, it was impossible then to do further research into this theory.

Since the founding of the People's Republic of China, the People's Government has implemented a correct policy concerning Chinese traditional medicine. As a result, the personnel of both Chinese and Western medicine unite and work in close co-operation, doing a great deal of research in the theory of channels. They have come to the conclusion that the channels are closely related to the nerves, blood vessels and body fluids. But as the theory involves some unresolved problems of modern medicine and biology, further investigation remains to be done.

For several thousand years, all departments of Chinese traditional medicine, especially acupuncture, have been based on the theory of the channels. Therefore details are given in this chapter to facilitate readers' research and study.

(2) THE COURSE OF THE CHANNELS AND THEIR PATHOLOGICAL SYMPTOMS

1. The Twelve Channels:

Because the Twelve Channels, in their course of circulation, superficially connect with the upper and lower extremities, head and trunk, and internally with the zang organs (脏 heart, pericardium, liver, spleen, lung, kidney) or the fu organs (腑 gall bladder, stomach, small intestine, large intestine, urinary bladder, Sanjiao — the upper, middle and lower portions of the body cavity), and as the medial aspect of the extremities and the zang organs are considered to relate to yin (阴) while the lateral aspect of the extremities and the fu organs are related to yang (阳), the name of a channel is composed of three parts: (a) hand or foot, (b) yin or yang, and (c) zang or fu.

The channels taking their course in the palmar (medial) aspect of the upper extremities and pertaining to the zang organs are called the Three Yin Channels of Hand, while those taking their course in the dorsal (lateral) aspect of the upper extremities and pertaining to the fu organs are called the Three Yang Channels of Hand; likewise, the channels which run in the medial aspect of the lower extremities are termed as the Three Yin

Channels of Foot, while those channels which run in the lateral aspect of the lower extremities are known as the Three Yang Channels of Foot. Collectively they are known as the Twelve Channels.

THE TWELVE CHANNELS

<i>Name of the Channel</i>	<i>Abbrev.</i>
1. The Lung Channel of Hand-Taiyin	Lu. C.
2. The Large Intestine Channel of Hand-Yangming	L.I.C.
3. The Stomach Channel of Foot-Yangming	St. C.
4. The Spleen Channel of Foot-Taiyin	Sp. C.
5. The Heart Channel of Hand-Shaoyin	H.C.
6. The Small Intestine Channel of Hand-Taiyang	S.I.C.
7. The Urinary Bladder Channel of Foot-Taiyang	U.B.C.
8. The Kidney Channel of Foot-Shaoyin	K.C.
9. The Pericardium Channel of Hand-Jueyin	P.C.
10. The Sanjiao Channel of Hand-Shaoyang	S.J.C.
11. The Gall Bladder Channel of Foot-Shaoyang	G.B.C.
12. The Liver Channel of Foot-Jueyin	Liv. C.

- (2) Study section f. regarding the Small Intestine Channel of Hand-Taiyang, starting on page 42 of the textbook, and continued on page 45, which accompany Fig. 13 on un-numbered page 44 of the textbook. Note from that diagram (Fig. 13) that they consider the Small Intestine channel to meet the Du Channel (Governor Vessel) at Du-14 (Go-14). See footnote at bottom of page 7, O.I.C.S. Lesson 11. Even though Fig. 13 (textbook un-numbered page 44) shows two branches separately from SI-17 upwards, actual course of the meridian on acupuncture charts is shown as in Fig. 63 (textbook un-numbered page 132). Also, please underscore the words "to enter the ear at Tinggong" in textbook, third line on page 45.

f. The Small Intestine Channel of Hand-Taiyang

Course: This channel starts from the ulnar side of the tip of the little finger (Shaoze, S.I. 1), follows the ulnar side of the palm to the wrist and emerges from the styloid process of the ulna. From there it passes straight upward along the posterior aspect of the forearm, passes between the olecranon of the ulna and the medial epicondyle of the humerus and runs along the posterior border of the lateral aspect of the upper arm to the shoulder joint, circling around the shoulder and meeting the Du Channel at Dazhui (Du 14). Then, turning downward into the supraclavicular fossa, it joins the heart. From there it descends along the esophagus, passes through the diaphragm to the stomach, finally entering its pertaining organ, the small intestine. (See Fig. 13.)

The Branch of the Supraclavicular Fossa emerges from the supraclavicular fossa, ascends to the neck and further to the cheek via the outer canthus to enter the ear at Tinggong (S.I. 19).

The Branch of the Cheek runs across the cheek and up to the infraorbital region (Quanliao, S.I. 18), whence to the lateral side of the nose, finally passing into the inner canthus (Jingming, U.B. 1) and connecting with the Urinary Bladder Channel of Foot-Taiyang. (See Fig. 13.)

Pathological Symptoms: Pain in the lower abdomen, deafness, jaundice, swelling of cheek, sore throat and pain along the course of this channel.

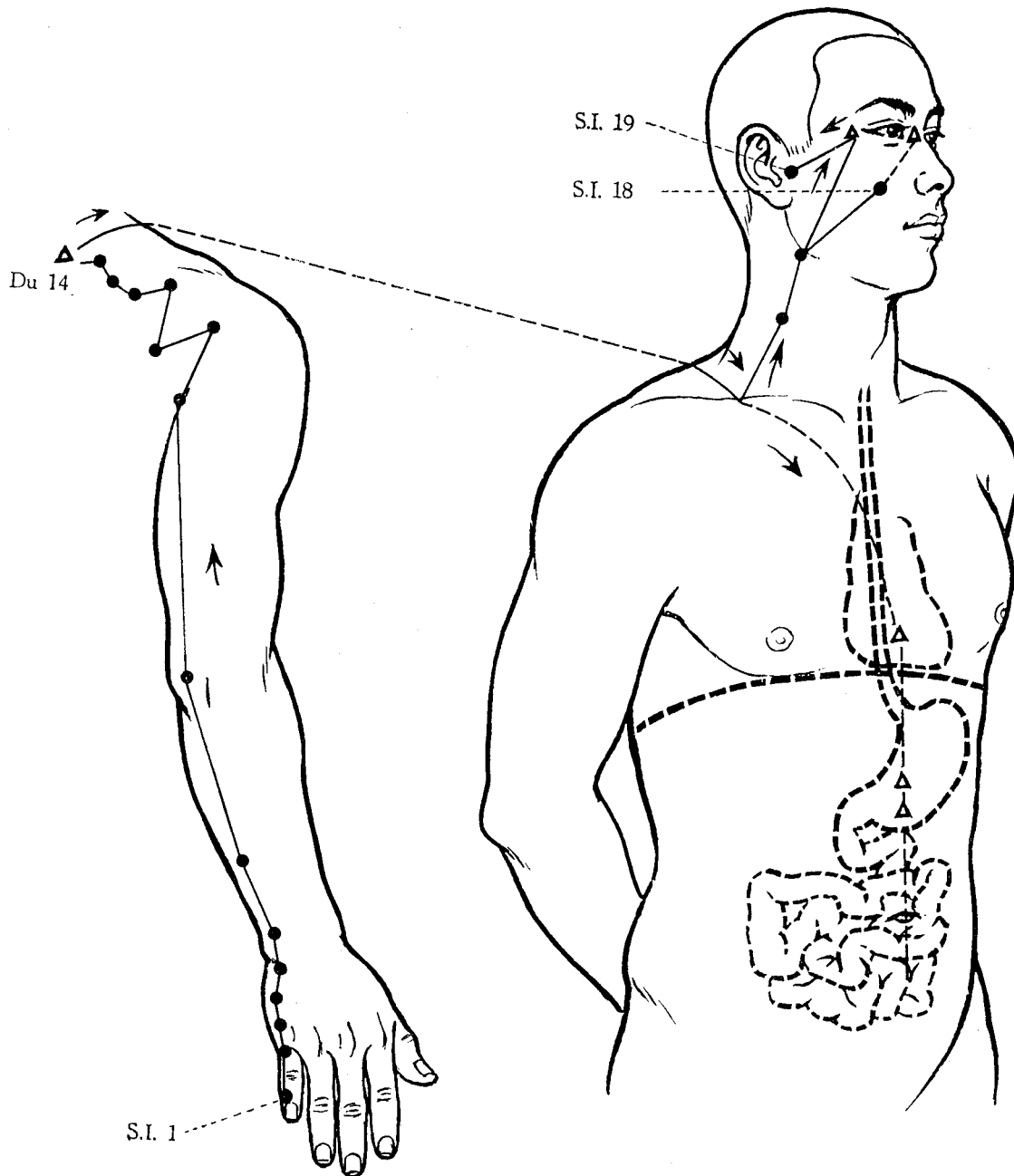
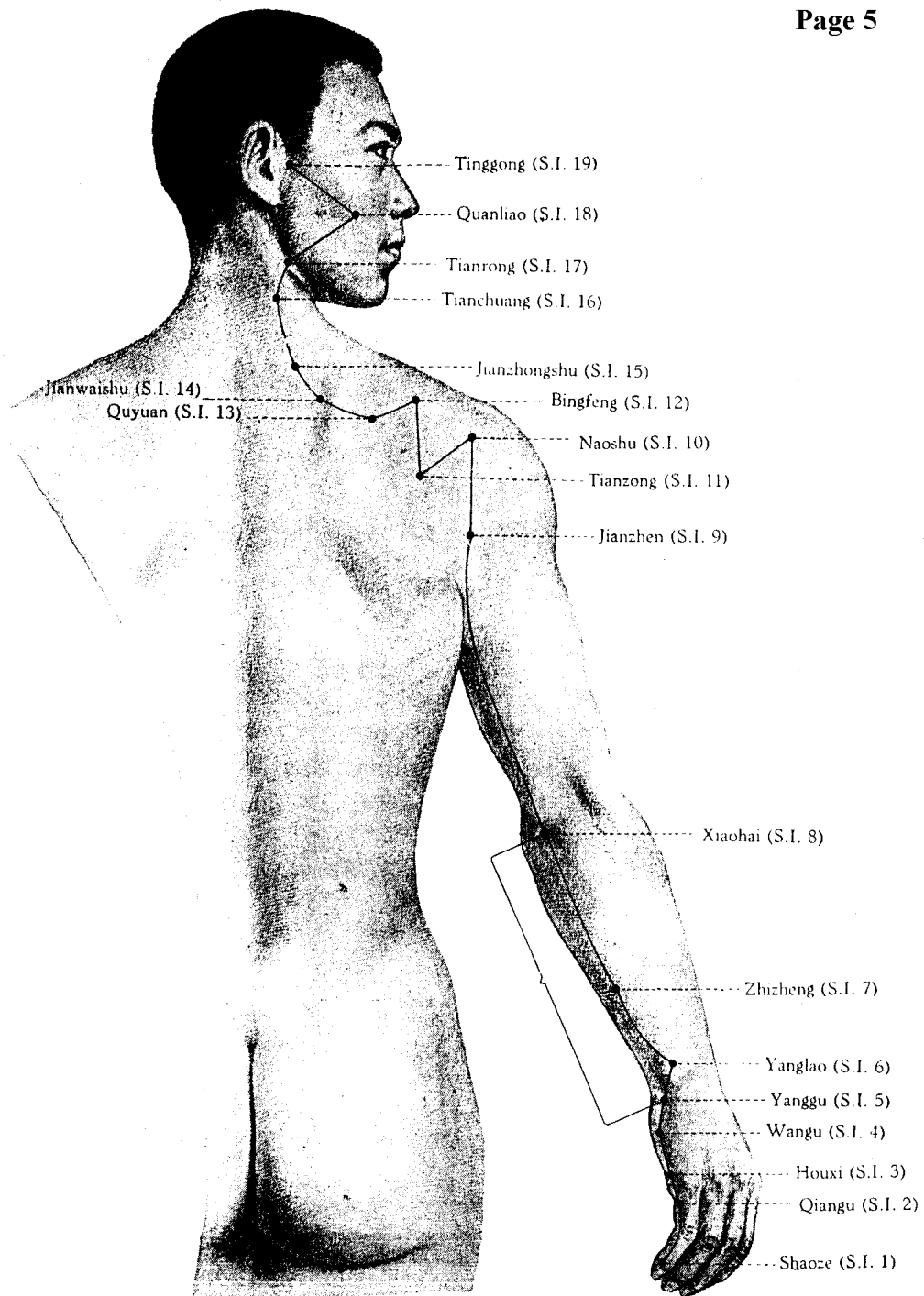


Fig. 13. The Small Intestine Channel of Hand-Taiyang



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

Fig. 63. The Small Intestine Channel of Hand-Taiyang

- (3) Review applicable information on pages 91 through to top half of page 95 of the text-book, and return to this section of the textbook everytime you start studying point locations for another meridian (channel). NOTE: Even though the textbook gives point locations in 'cun' measurements (same as our Pouce), they give most needle depth information in the Western 'inch' measurement (1 inch is equal to 2.54 centimeters). For this reason we do not generally use their needle (puncture) depth information, especially for the major points of therapeutic importance, for which we supply separate sheets.

THE POINTS OF THE FOURTEEN CHANNELS AND THE EXTRAORDINARY POINTS

A. METHODS OF LOCATING POINTS

Clinically, there are three methods frequently used in locating points. They are as follows:

(1) PROPORTIONAL MEASUREMENT

The various portions of the human body may be measured lengthwise or transversely and that measurement may be divided into certain equal divisions. Each division is considered as one *proportional* or *identical* unit, referred to as cun in this book. For example the forearm of the patient from the transverse crease of the wrist to the cubital crease is measured as 12 cun, the point Neiguan (P. 6) is located thus: "on the medial aspect of the forearm, 2 cun above the midpoint of the wrist crease." This method can be applied comparatively accurately to adult or child, patients of various body build, whether obese or thin, tall or short, as the length of a cun is variable accordingly. (For proportional measurement see Fig. 29 and the following table.)

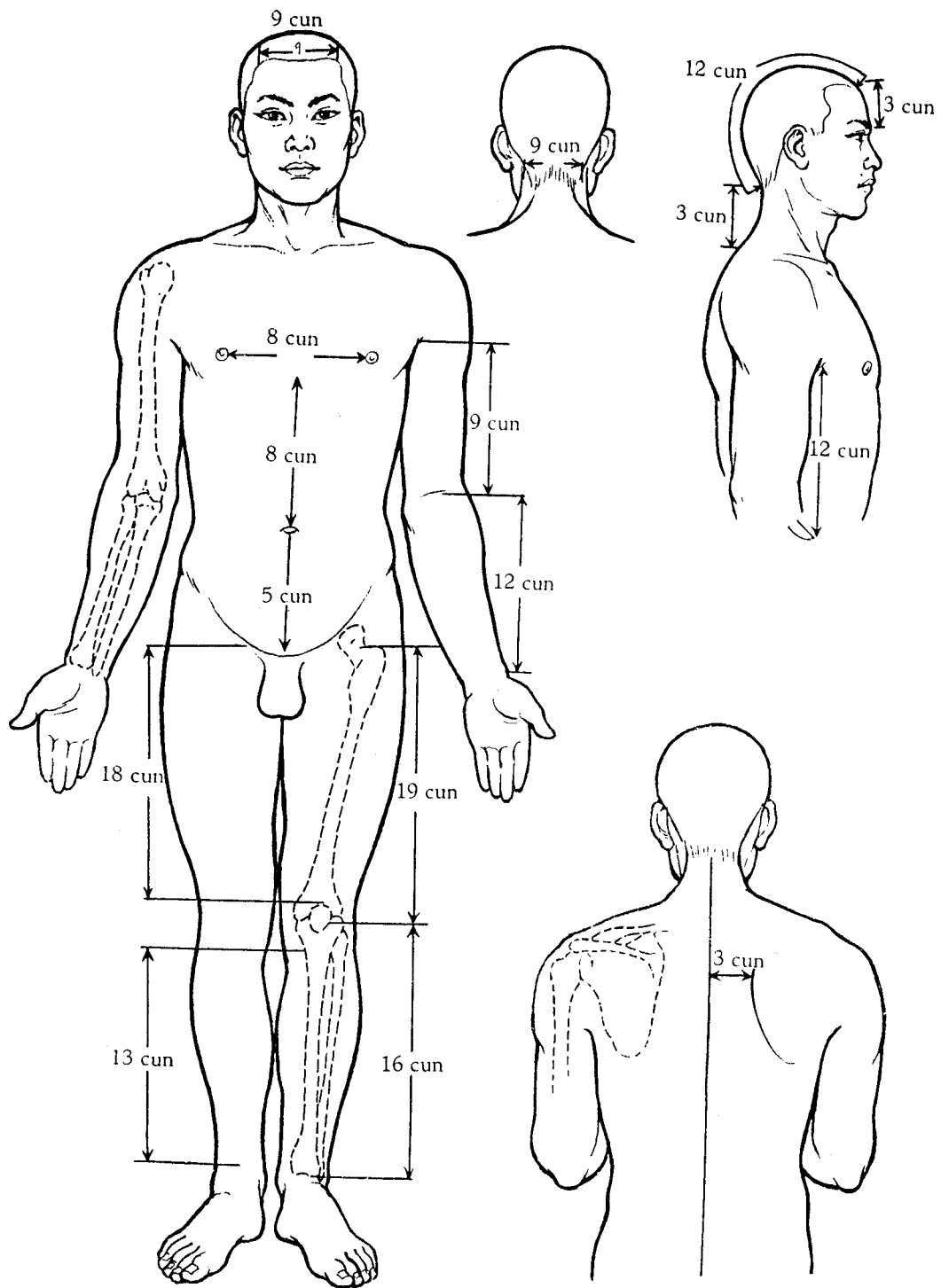


Fig. 29. Proportional Unit

Table for Proportional Measurement

	Distance	Cun	Remarks
Head	Anterior hairline to posterior hairline	12	If hairlines are indistinguishable, measure the glabella to the process of the 7th cervical vertebra as 18 cun.
	Anterior hairline to glabella	3	
	Posterior hairline to the process of the 7th cervical vertebra	3	
	The hairline between the two temporal regions	9	Between the tips of the two mastoid processes is also measured as 9 cun.
Thorax & Abdomen	Distance between the two nipples	8	The anterior aspect of chest is measured in accordance with intercostal space. Width of every rib is measured as 1.6 cun.
	From lower end of sternum to centre of umbilicus	8	
	Centre of umbilicus to upper border of symphysis pubis	5	
	Axillary crease to tip of 11th rib	12	
Back	Medial border of scapula to midline of back	3	To locate points lengthwise at the back, the intervertebral space may be taken as a landmark.
Upper Extremities	Transverse axillary fold to cubital crease	9	Identical for lateral and medial aspects.
	Cubital crease to transverse wrist crease	12	
Lower Extremities	Upper level of the greater trochanter to middle of patella	19	Identical for anterior, posterior and lateral aspects.
	Middle of patella to tip of lateral malleolus	16	
	Upper border of symphysis pubis to upper border of epicondyle of the femur	18	Identical for medial aspect.
	Medial condyle of the tibia to the tip of medial malleolus	13	

(2) FINGER-LENGTH MEASUREMENT

This method is to locate points using the finger-length of the patient as a criterion. If the body build of the patient is about the same as that of the doctor, then the doctor may locate the point using his own finger-length.

The following are the measuring methods:

1. Measuring with the middle finger:

Take the distance between the two creases marking the joints of the distal and middle phalanges of the middle finger as one cun.

2. Measuring with the thumb:

The breadth of the first joint of the thumb is measured as one cun.

3. Measuring with the four fingers (index, middle, ring, and small):

The breadth of the four fingers close together at the second joint of the index finger is calculated as three cun.

These methods (also known as identical measuring methods) are more simple to apply but not as accurate as the proportional measurement.

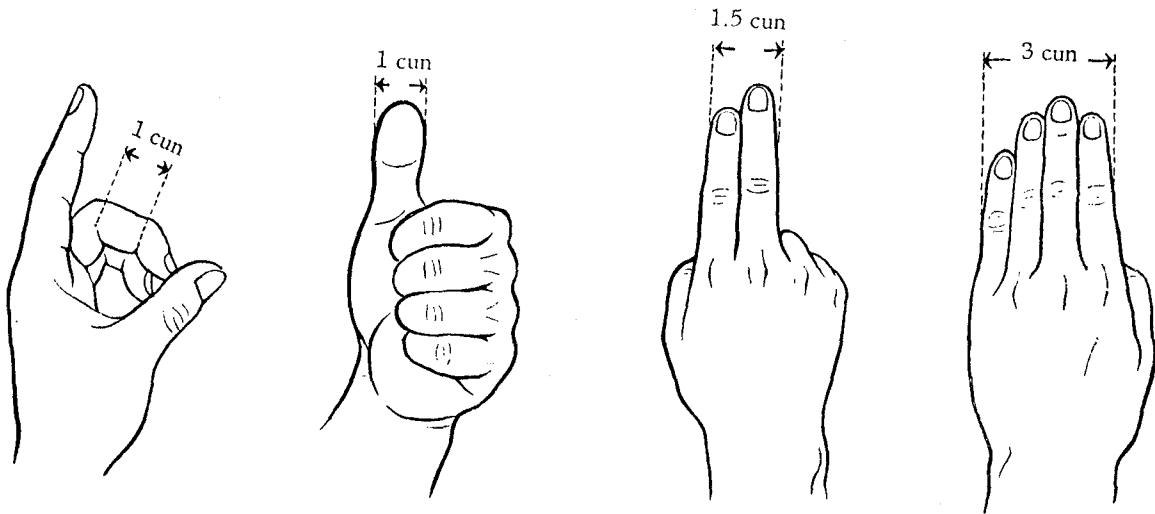


Fig. 30

(3) LOCATING POINTS ACCORDING TO ANATOMICAL LANDMARKS

The sense organs, eyebrow and hairline can be taken as landmarks in locating points of the head. For the back, the process of the vertebral

spines, the scapula (the tip of the scapular spine is level with the 3rd thoracic vertebral spine while its inferior border is level with the 7th thoracic vertebral spine), the ribs (the lower border of the costal arch is on a level with the 2nd lumbar vertebra) and the iliac crest (the upper border of the iliac crest is on a level with the 4th lumbar vertebra) serve as landmarks. Serving as landmarks for the chest and abdomen are the nipples, umbilicus, sternum, pubic bone, etc., and for the four limbs, the joints and condyles may be taken as landmarks.

Furthermore, landmarks for points may be located according to certain postures assumed by the patient. For example to locate Shaohai (H. 3), ask the patient to bend his elbow in a right angle; the point is just at the end of the skin crease at the medial aspect of the elbow joint. To locate Fengshi (G.B. 31), ask the patient to stand straight with upper extremities close to the sides. The point on the thigh reached by the tip of the middle finger is Pt. Fengshi.

- (4) Thoroughly study all point locations given for this meridian on pages 131 to 137 (also diagrams on top of pages 138 & 139) and locate them on your own body or on another person, as you did in previous O.I.C.S. meridian lessons, several times. Ignore the "Indications" and "Puncture" information given under each point location in the textbook, as well as their terminology for the names of the acupuncture points, and refer to the "Points of Major and Secondary Therapeutic Importance" (hereafter referred to only as the "O.I.C.S. Indication Sheets") pages provided for this meridian. MEMORIZE all information and indications given on the O.I.C.S. Indication Sheets for MAJOR therapeutic points (points circled in the margin on those sheets).

(6) THE SMALL INTESTINE CHANNEL OF HAND-TAIYANG

— 19 Points —

1. Shaoze (S.I. 1):

Location: At the ulnar side of the small finger, about 0.1 cun posterior to the corner of the nail. (See Fig. 64.)

Indications: Headache, eye diseases, mastitis, deficient lactation.

Puncture: Perpendicularly 0.1 inch.

2. Qiangu (S.I. 2):

Location: In the depression anterior to the ulnar side of the 5th metacarpo-phalangeal joint. When a fist is formed, it is on the junction of the "red and white" skin of the transverse crease distal to the metacarpo-phalangeal joint.

Indications: Pain in the arm, numbness of the fingers, febrile diseases, eye diseases, tinnitus.

Puncture: Perpendicularly 0.2-0.3 inch.

3. Houxi (S.I. 3):

Location: At the end of the transverse crease proximal to the 5th metacarpo-phalangeal joint when hand is half clenched. (See Fig. 64.)

Indications: Stiffness or rigidity of neck, tinnitus, deafness, occipital headache, lumbago, paralysis of upper extremities, night sweating, epilepsy, malaria.

Puncture: Perpendicularly 0.5-1.0 inch.

4. Hand-Wangu (S.I. 4):

Location: At the ulnar side of the border of the palm in the depression between the base of the 5th metacarpal bone and the trigonal bone.

Indications: Arthritis of the elbow, wrist and finger joints, headache, tinnitus, vomiting, cholecystitis.

Puncture: Perpendicularly 0.3-0.5 inch.

5. Yanggu (S.I. 5):

Location: At the ulnar side of the wrist in the depression between the styloid process of the ulna and the pisiform bone.

Indications: Swelling of the neck and submaxillary region, pain in the lateral aspect of the arm and wrist, mental disorder, deafness, tinnitus.

Puncture: Perpendicularly 0.3-0.5 inch.

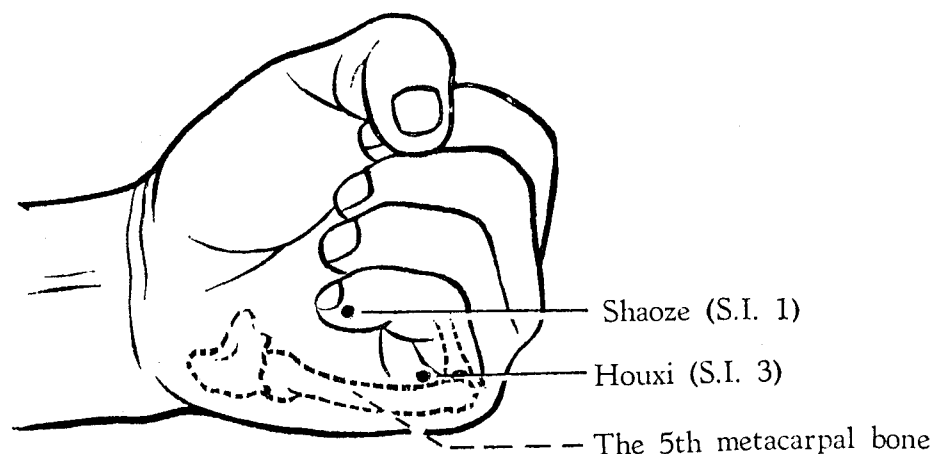


Fig. 64

6. Yanglao (S.I. 6):

Location: Flex elbow with palm placed on the chest; the point is on the bony cleft on the radial aspect of the styloid process of the ulna. (See Fig. 65.)

Indications: Failing eyesight, paralysis of upper extremities, pain in the wrist and back.

Puncture: 1.0-1.2 inches obliquely towards Neiguan (P. 6).

7. Zhizheng (S.I. 7):

Location: 5 cun proximal to the wrist, on the line connecting Yanggu (S.I. 5) with Xiaohai (S.I. 8).

Indications: Rigidity or stiffness of neck, pain in elbow, arm and fingers, mental disorder.

Puncture: Perpendicularly 0.5-0.8 inch.

8. Xiaohai (S.I. 8):

Location: In the posterior aspect of the cubital joint, in a depression between the olecranon of the ulna and tip of the medial epicondyle of the humerus. (See Fig. 66.) Flex elbow to locate the point.

Indications: Pain in the small finger, elbow joint, shoulder and back.

Puncture: Perpendicularly 0.3-0.5 inch.

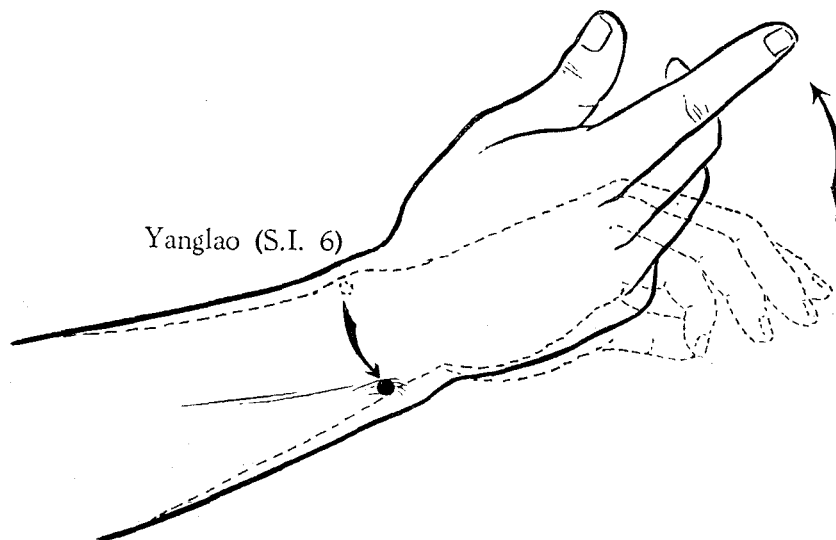


Fig. 65



Xiaohai (S.I. 8)

Fig. 66

9. Jianzhen (S.I. 9):

Location: With arm at the side, the point is 1.0 cun superior to the posterior axillary fold. (See Fig. 67.)

Indications: Pain in arm, paralysis of the upper extremities, disorders of the shoulder joint and its surrounding soft tissue.

Puncture: Perpendicularly 1.0-1.5 inches.

10. Naoshu (S.I. 10):

Location: With arm at the side, it is directly above the posterior axillary fold, on the lower border of the scapular spine. (See Fig. 67.)

Indications: Pain and weakness of shoulder and arm.

Puncture: Perpendicularly 1.0-1.2 inches slightly towards lateral aspect.

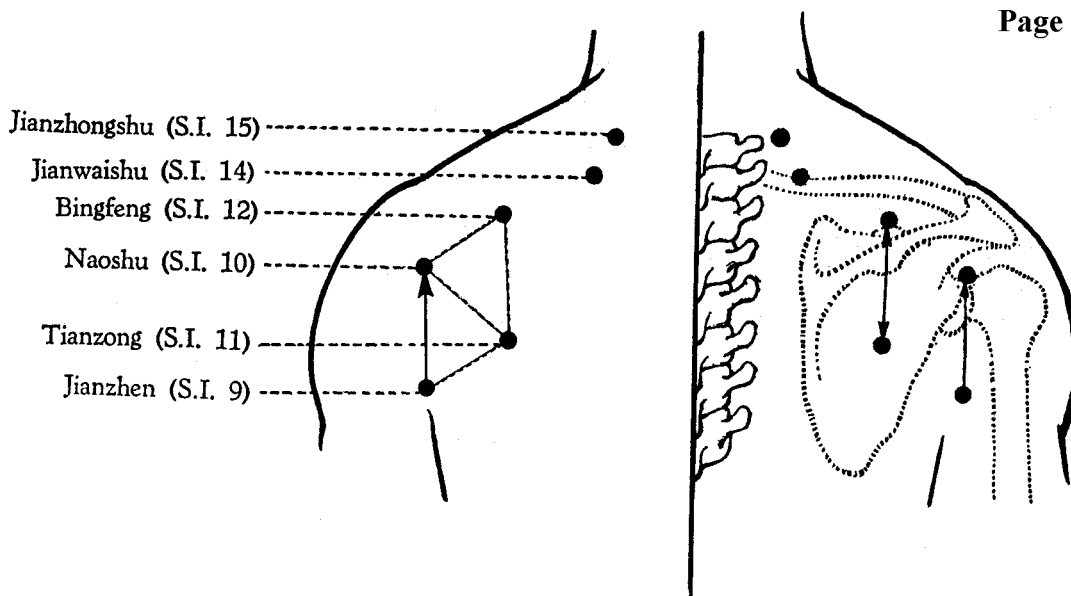


Fig. 67

11. Tianzong (S.I. 11):

Location: It is in the centre of the infrascapular fossa forming a bilateral triangle with Naoshu (S.I. 10) and Jianzhen (S.I. 9). (See Fig. 67.)

Indications: Pain in the shoulder and the postero-lateral aspect of the elbow and arm.

Puncture: Perpendicularly 0.5-1.0 inch.

12. Bingfeng (S.I. 12):

Location: In the centre of the suprascapular fossa, directly above Tianzong (S.I. 11). A depression is formed when the arm is lifted. (See Fig. 67.)

Indications: Pain in the shoulder joint, numbness and aching of upper extremities.

Puncture: Obliquely 0.5-1.0 inch.

13. Qu Yuan (S.I. 13):

Location: On the medial end of the suprascapular fossa, midway between Naoshu (S.I. 10) and the spinous process of the 2nd thoracic vertebra.

Indications: Pain and contracture of shoulder joint.

Puncture: Obliquely 0.5-1.0 inch.

14. Jianwaishu (S.I. 14):

Location: 3 cun lateral to the lower border of the spinous process of the 1st thoracic vertebra (Taodao, Du 13), on the vertical line drawn from the vertebral border of the scapula. (See Fig. 67.)

Indications: Aching of scapular joint, stiffness and pain of neck.

Puncture: Obliquely 0.5-1.0 inch.

15. Jianzhongshu (S.I. 15):

Location: 2 cun lateral to the lower border of the spinous process of the 7th cervical vertebra (Dazhui, Du 14). (See Fig. 67.)

Indications: Pain in shoulder and back, stiffness and pain of neck, bronchitis, asthma.

Puncture: Obliquely 0.5-1.0 inch.

16. Tianchuang (S.I. 16):

Location: On the posterior border of the m. sterno-cleido-mastoideus, 0.5 cun posterior to Neck-Futu (L.I. 18).

Indications: Deafness, tinnitus, sore throat, rigidity and stiffness of neck.

Puncture: Perpendicularly 0.5-1.0 inch.

17. Tianrong (S.I. 17):

Location: Posterior to the angle of jaw on the anterior border of m. sterno-cleido-mastoideus. (See Fig. 68.)

Indications: Tonsillitis, sore throat, aphasia.

Puncture: Perpendicularly 1.0-1.5 inches.

18. Quanliao (S.I. 18):

Location: Directly below the outer canthus, in the depression below the lower border of the zygomatic bone. (See Fig. 69.)

Indications: Facial paralysis, toothache, trigeminal neuralgia.

Puncture: Perpendicularly 0.3-0.5 inch.

19. Tinggong (S.I. 19):

Location: In the depression shown between the tragus and mandibular joint when the mouth is slightly opened. (See Fig. 69.)

Indications: Tinnitus, deafness, otalgia.

Puncture: Perpendicularly 0.5-1.5 inches.

(5) See footnote at bottom of page 19, O.I.C.S. Lesson 11, and now color in the entire pathway of the Small Intestine meridian and its points on the diagrams of pages 20 of both O.I.C.S. Lessons number Nine and Eleven. Please do it neatly!

(6) General Information:

- sixth meridian in classical order of ch'i energy flow, called,
- [O.I.C.S.] HAND YANG MAXIMUM SMALL INTESTINE MERIDIAN (SI), or,
- [Textbook] THE SMALL INTESTINE CHANNEL OF HAND-TAIYANG (S.I.).
- Belongs to the Fire Element (see O.I.C.S. Lesson Eight), and
- with Bladder meridian comprises the TAI YANG Energetic Layer.
- It has a total of 19 bilateral acupuncture points, of which FOUR are of major therapeutic importance, namely #1, 3, 9, 19, and for which information given on O.I.C.S. Indication Sheets should be MEMORIZED. We suggest you notate these four major points beside the appropriate location information on pages 131 to 137 of your textbook, in some manner.
- Five other points, namely #4, 7, 8, 11 and 18 are of secondary therapeutic importance, and although information given for them on the O.I.C.S. Indication Sheets does not have to be memorized, their locations must be studied and known.
- Points Forbidden to Needles: None.
- Points Forbidden to Moxibustion: SI-9, SI-18. Note that one of these is a point of major therapeutic importance (SI-9), and the other is of secondary therapeutic importance (SI-18). You must know all forbidden points for final exam purposes.

NOTE: For some reason a number of German authorities (ie. Bischo, Busse, Stiefvater, Bachmann) place the last point of this meridian (SI-19, T'ing-Kung) in the middle of the ear lobe rather than in front of the middle of the tragus of the ear. This puts it at the point where ears are usually pierced for the wearing of ear-rings, and at what is known in Auriculotherapy (ear acupuncture) as the "Eye Point" [see diagram, textbook Fig. 127a, unnumbered page 272]. As indications for this ear lobe point the German authorities give such things as eye-weakness, diminishing visual faculty (other than direct changes of the eye-ball itself as in myopia) and Trigeminal Neuralgia, and most of their initial words pre-date original Auriculotherapy literature. Perhaps their differing location for SI-19 from other authorities is the result of a perpetuated translation error from original sources stemming from a confusion of the words lobe and tragus? On the other hand, their sources may simply have recognized a connection between ear piercing and eye disorders?? It is conceivable that the piercing of ears at that point could result in changes to visual faculty. Whether these changes are for the better or for the worse remains to be seen, as well as the effects thereon of different ear-ring metals (ie. silver or gold). One of our participants will shortly be researching these relationships and the implications thereof from an auriculotherapy standpoint in his clinic, and more information should be available by the end of this year.

Points on this meridian are especially effective for head and neck pains that seem to be affected by the cold and chills, as well as most arthritic and rheumatic problems of the arm and shoulder region. Dental problems and disorders appear to block the effect of acupuncture on the points of this meridian to some extent, and if possible should be eliminated before using them. Good results can be obtained using this meridian for both spastic and atonic constipation in a significant number of instances. This meridian seems also to have a strong affinity to all mucous membranes of the body, not just the intestinal mucous membranes. The SI-1 point especially is often used as an adjunct or support point in the handling of inflammation of the mucous membrane of the nose, throat and intestines, but also such things as conjunctivitis, rhinitis, vaginitis, etc. When indicated, bleeding technique tends to heighten the effectiveness of the SI-1 point.

SI-3 as well as acting on mucous membranes, appears to be a good 'anti-spasmodic' point, especially when combined with the second and third points of the Liver meridian. SI-3 is often used for epilepsy in combination with Co-15 (Chiu-Wei) and He-7 (Shen-Men). As well, SI-3 affects the water balance of the body as for example sweat production. Good also for general pains and inflammations for which it is often used along with St-36 and GB-20 (Fung-Ch'ih).

In regard to the split pathway from SI-17 upwards, as shown in Fig. 13, un-numbered page 44 of the textbook, the one going up and towards the ear makes a connection with the first point of the Gall Bladder meridian (Tungtzuliao). The other upwards running pathway from SI-17 as shown in that figure, is of course making the energy transfer connection to Bladder Point #1 --- the Bladder meridian being the next meridian in classical order of ch'i flow. Remember that this split or double upwards running branches are not shown on standard acupuncture charts, but merely illustrate here the energetic pathway relationships.

Also note that the downwards running branch from the supra-clavicular fossa (joining the heart and descending to the stomach and entering the small intestine itself) contacts a few points of the Conception Vessel (represented by small triangles in the diagram). The exact points it contacts are in this instance not too important, but do keep this connection of the Small Intestine meridian (internal) to the Conception Vessel in mind.

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.

SI-1 "Shao-Tze" (Young Marsh)

INDICATIONS: Headache; eye disorders (ie. conjunctivitis); mastitis (inflammation of breast); deficient lactation; fainting; fever; general inflammation of mucous membranes.

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

MOXA: 3 to 10 minutes

SI-3 "Hou-Hsi" (Back Stream)

INDICATIONS: Stiffness or rigidity of neck; tinnitus; deafness, occipital headache; lumbago; epilepsy; malaria; epistaxis; cramps in fingers; paresis or upper extremities; may have some antispasmodic effects.

NEEDLE: 3 Fen to 1 Pouce [Clench fist]

MOXA: 3 to 15 minutes

SI-4 "Wan-Ku" (Wrist Bone)

INDICATIONS: Arthritis of elbow, wrist and finger joints; headache; tinnitus; vomiting; jaundice; writers cramp; muscle weakness and loss of strength in upper extremities.

NEEDLE: 3 to 5 Fen

MOXA: 5 to 20 minutes

SI-7 "Chih-Cheng" (Supporting the Upright)

INDICATIONS: Rigidity or stiffness of neck; pain in elbow, arm and fingers; mental disorders and neurasthenia; intestinal colic; palpitation of heart with anxiety; sty (eye); headache.

NEEDLE: 3 to 8 Fen

MOXA: 5 to 20 minutes

SI-8 "Hsiao-Hai" (Small Sea)

INDICATIONS: Pain in small finger, elbow joint, shoulder and upper back; swelling and pain in neck; epilepsy; deafness; stiffness of arm; pain in lower abdomen; adjunct point in handling of gingivitis.

NEEDLE: 2 to 5 Fen

MOXA: 5 to 15 minutes

SI-9 "Chih-Cheng" (Shoulder Chasity)

INDICATIONS: Pain in arm (unable to raise arm behind body); paralysis of upper extremities; disorders of shoulder joint and surrounding soft tissue (ie. scapula); deafness; tinnitus; headache.

NEEDLE: 1 to 2 Pouce

MOXA: FORBIDDEN

SI-11 "Tien-Tsung" (Celestial Ancestor)

INDICATIONS: Pain in the shoulder, scapula and the posterolateral aspect of the elbow and arm (unable to raise arm behind body); neck pain.

NEEDLE: 5 Fen to 1 Pouce 3 Fen

MOXA: 5 to 15 minutes

SI-18 "Chüan-Liao" (Cheek Bone)

INDICATIONS: Facial paralysis; toothache; trigeminal neuralgia, chronic sinusitis.

NEEDLE: 3 to 8 Fen

MOXA: FORBIDDEN

SI-19 "T'ing-Kung" (Listening Palace)

INDICATIONS: Tinnitus; deafness; inflammation of middle ear (otitis media); otitis externa.

NEEDLE: 3 Fen to 2 Pouce [Mouth open slightly]

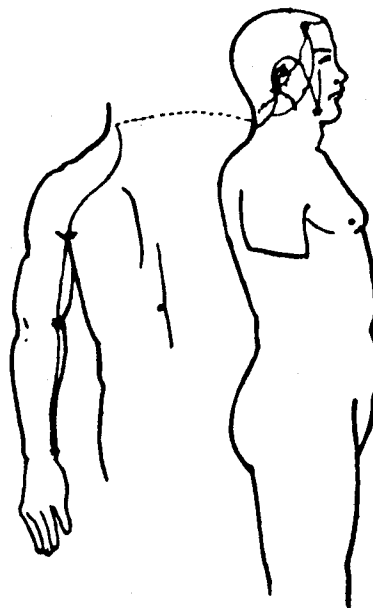
MOXA: 3 to 5 minutes

THE TENDINO-MUSCULAR MERIDIAN OF THE SMALL INTESTINE.

- 1) This meridian starts at the unguis corner of the little finger at the Ting point,
- 2) is inserted into the wrist,
- 3) runs along the internal surface of the forearm,
- 4) is inserted behind the epitrochlea (in tapping, it provokes a sensation of numbness or shock which radiates to the little finger),
- 5) is inserted under the armpit,
- 6) continues its course behind the armpit and reaches the posterior surface of the shoulder,
- 7) runs along the side of the neck (around the middle of the sternocleidomastoid muscle) where two branches split off,
- 8) one branch passes in front of the principal meridian of the Small Intestine and is inserted at the mastoid where another branch from this one splits to insert into the ear,
- 9) the vertical course continues upward from the mastoid and circles around the ear and passes in front of the ear,
- 10) descends and is inserted into the chin (side of the mandible),
- 11) climbs again to the external corner of the eye and then reaches the corner of the forehead at the hair border,
- 12) the principal vessel leaving the side of the neck climbs to the inferior angle of the mandible,
- 13) passes in front of the ear,
- 14) and finally reaches the external corner of the eye.

Troubles of This Meridian:

- Pains at the little finger up to the epitrochlea.
- Pains at the internal surface of the arm at the armpit.
- Pains behind the armpit.
- Pains of the posterior surface of the shoulder up to the neck.
- Loss of hearing, pains of the ear to the chin, the eye is closed a moment before looking at objects.
- Contracture of the muscles of the neck (torticollis), swelling, feeling of heat and of cold at the neck.
- Possibility of pains on the whole course of the meridian.



THE TRANSVERSAL LO VESSEL OF THE SMALL INTESTINE.

This vessel starts at the Lo point of the Small Intestine meridian, SI-7 (Chih-Cheng) and traverses the arm to reach the Iunn point of the Heart meridian He-7 (Shen-Men).

THE LONGITUDINAL LO VESSEL OF THE SMALL INTESTINE.

This vessel begins at the point SI-7 (Chih-Cheng), passes to the internal surface of the forearm, follows the meridian of the Heart and penetrates into the Heart. Another vessel leaves from SI-7, climbs to the elbow, breaks into branches going to the shoulder and unites itself to the meridian of the Large Intestine at the point LI-15 (Chien-Yü).

Symptomatology and Treatment:

Fullness: Constraint at the joints of the elbow and shoulder, the elbow can neither be stretched nor bent; stimulate the corresponding Lo point SI-7 (Chih-Cheng).

Emptiness: Furuncles (boils) and pustules; stimulate the opposite Lo point He-5 (T'ung-Li) and the corresponding Iunn point SI-4 (Wan-Ku).

THE DISTINCT MERIDIAN OF THE SMALL INTESTINE.

- 1) The principal meridian of the Small Intestine reaches the shoulder at the point SI-10 (Nao-Shu),
- 2) from there a vessel descends to the armpit at the point GB-22,
- 3) the vessel enters the Heart,
- 4) crosses over the diaphragm and enters into the Small Intestine.