

FIVE DRAGONS
ACUPUNCTURE COLLEGE
CORRESPONDENCE COURSE



LESSON 22
OF
31 LESSONS

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

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

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to the acupuncturists and medical researchers
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This Lesson on THE GOVERNOR VESSEL consists of the information given in this section of the Study Guide, all material covered by here-with specified page references to the textbook as supplied, and the en-closed O.I.C.S. Indication Sheets for this meridian (vessel).

(1) Study Section a, on page 56 of the textbook and the diagram on un-numbered page 57 of the textbook (Fig. 20). The textbook refers to the Governor Vessel as the "Du Mai" or the "Back Midline Channel", and ab-breviates it as "Du" throughout the rest of the book. Other authors refer to this back midline vessel as the 'Tu Mo'. Note from page 56 that the Du Mai or Governor Vessel is one of eight "extra" meridians or channels, as is the Conception Vessel (Ren Mai). As for the other six such "extra" channels or meridians mentioned in the textbook, we will be covering them in detail in a later separate lesson.

Note from Fig. 20, that the energy in this channel is basically ascending, going from bottom to top (head), and of course then descend-ing slightly to the mouth. Underscore the following words in section a. on page 56 of the textbook: "to communicate with the kidney in the lumbar region" and "to the brain". Note the connection to Ren-1 (Co-1) represented by the triangle in the lower right hand diagram of Fig. 20, and also note that the Governor vessel connects to the Bladder merid-ian (at Bl-12, not shown) as represented by the bilateral triangles be-tween Go-12 and Go-13 near the top of the shoulder blades in Fig. 20. These connections are not usually shown on acupuncture charts.

The textbook calls this channel the "confluence of the Yang Chan-nels", and others refer to this aspect of that meridian as "the Sea of all Yang". All Yang meridians meet or link up with the Governor ves-sel in an energetical sense, and in this Lesson you will find out at what points this happens, and hence its designation as the confluence or sea of the Yang. Together, these seven channels (six Yang meridi-ans plus the Governor Vessel) create the single, harmonious Yang aspect of the body. You should be aware by now that all Yang meridians (in-cluding the Bladder meridian) have a connection to the fourteenth point of the Governor Vessel.

(2) Study the location of all twenty-eight points of this meridian as given in text and diagrams from page 191 to the bottom of page 197 of the textbook. Locate each of these points several times on someone else, exactly as you have done for previous lessons of the program... this time you can not easily locate them all on yourself...in con-junction with the hints, suggestions and further information given for most of these points in this Study Guide section. Four points on this channel are of major therapeutic importance, namely #4, 14, 20 and 26, for which information given on O.I.C.S. Indication Sheets should be MEMORIZED. We suggest you notate these four major points in some man-ner beside the appropriate location information on pages 193 to 197 of your textbook. As well you should delete any 'Indications' and 'Punc-ture' information given for those four points in the textbook, as that information is covered in the Indication Sheets or within this section of the Study Guide. Seven other points, namely #1, 2, 3, 12, 13, 15 and 23 are of secondary therapeutic importance, and although informa-tion given for them on the O.I.C.S. Indication Sheets does not have to

be memorized, their locations must be studied and known. Again you should delete any 'Indications' and 'Puncture' information given for those points in the textbook, as that information is covered in the Indication Sheets or within this section of the Study Guide. In regard to points forbidden to needles or moxibustion, these are mentioned in this Study Guide section, and must be known for final examination purposes. Now, let's have a look at this meridian (vessel or channel)

Du 1 (Go-1): Just below the tip of the coccyx (tailbone) in a depression above the anus, in a prone (lying face downwards, on the stomach) or a squatting (with chest touching the knees) position. This point is usually used with Go-2 for prolapse of rectum and with Bl-35 for stimulation of the sexual area. This point is a special point for the treatment of hemorrhoids, especially chronic hemorrhoids, and for this moxibustion is preferred here along with Bl-57 --- the results are usually excellent. Other than for hemorrhoids, needles generally are more effective than moxibustion, and if the needle is 'twirled', that should be stopped when it becomes too painful for the patient. After needling or moxa the patient must not eat or have sexual relations for a few hours, and be cautioned against catching a cold for a few days thereafter.

Du 2 (Go-2): Right above the coccyx, on both sides of the midline at the inferior part of the sacrum are two projecting bony horns (called the sacral cornua) that can be felt and defined. This point is located in a small concavity (called the sacral hiatus), just below and between those two bony horns, and thus at the junction of the sacrum and the coccyx [note there are also two smaller horns projecting upward from the upper part of the coccyx]. It is best to have patient in a prone position, and if patient is relaxed and his body supple enough, preferably head held up by his two hands while leaning on the elbows. After needling or moxa the patient must avoid fatigue and sexual relations. This is a main point for the lower portion of the Triple Burner (in Chinese thought it "moistens and warms" the Lower Burner).

Du 3 (Go-3): Can also be needled with patient seated, back bent forwards. This point often becomes tender to pressure in cases of lumbago, sciatica and painful gynecological conditions. Note this point is sometimes confused with GB-33 of the same name, although most good acupuncture charts and texts qualify one or both of these points in some manner. Some authorities consider this point forbidden to moxa however we can find no classical or clinical confirmation for such a contra-indication.

Du 4 (Go-4): Usually on the same horizontal level as the umbilicus [see Fig. 106, page 193 of textbook]. Can be punctured with patient seated, back bent forward, but the prone position is recommended. This is probably the most important point in acupuncture for increasing or decreasing sexual function. If utilizing this point for something like lumbago, you should always make the patient aware of the possibility of resulting changes (in either way) in his/her sexual functioning. For spermatorrhea this point is usually used along with Sp-6. Traditionally acupuncturists are cautioned against doing too much moxibustion on this point on patients beyond the age of twenty, for there is a risk of causing sterility.

Du 5 (Go-5): Substitute either "pouce" or "cun" for the word "inch" in 'Puncture' information for this point on page 194 of textbook. For this particular meridian (vessel) you can safely substitute the words "pouce" or "cun" wherever the words "inch" or "inches" are given in the textbook's 'Puncture' information, on those points for which such information is NOT given in the Indication Sheets or specifically referred to in this section of the Study Guide itself.

Du 6 (Go-6): Add the following to 'Indications' given in textbook: "Diarrhea; rectal prolapse; appetite loss". Points Go-5, Go-6 and their bilateral neighbor BI-21, are to be perceived as related physiologically, with their main characteristics being gastro-intestinal disorders of a chronic nature in association with rheumatism. This point is ABSOLUTELY FORBIDDEN TO MOXIBUSTION, for classically it can cause curvature of the spine or vertebral misalignment.

Du 7 (Go-7): [Some authors refer to this point as Go-6A.] This is a very important "rallying-point" for Governing Vessel energy, and the advice of the Yellow Emperor's Classic (Nei Ching) accordingly is that it is forbidden to puncture or moxa this point. In modern times this sort of empirically developed advice largely seems to have fallen by the wayside and a number of authorities give indications for it and do not contra-indicate it in any way. Suffice it to say that numerous acupuncture charts and texts do not mention this point or skip it entirely, and that many master acupuncturists (to whom most "forbidden" points are allowed) nevertheless forbid it to both needles and moxa. There is some evidence that its use greatly reduces the amount of energy flowing upwards from that point on in the Governor Vessel, for a considerable period of time. Certainly, not enough is known about the energetics involved at that point, so we strongly suggest (rather than forbid) our students not utilize it in any manner whatsoever. Please delete textbook 'Indications' and 'Puncture' information for this point.

NOTE: Since some texts and charts only give twenty-seven points on the Governor Vessel (as a result of skipping the seventh point mentioned above), all the following points bear at least two different numbers in the literature --- one based on there being a total of twenty-seven points on this meridian, as well as one based on there being a total of twenty-eight (the one we, and most recent nomenclature systems use). Students and practitioners must remember this when using any formulas from other sources involving Go-7 and numerically greater points. Because of the great amount of dual numbered points thus involved, and due to careless incorporation of these point numbers into the literature (in turn appropriated from author to author without further checking or concern for whether it was based on a 27 or 28 point meridian), this inherent problem with the Governor Vessel causes the most errors in modern formulas and point combinations of all the meridians --- and this applies especially to English language works, but not exclusively. Again, the importance of the Chinese transliterated names is emphasized as that is the only real way of knowing exactly which point is meant, for even if the author diagrams the meridian route within his book or gives point locations, un-checked outside material may have been included in the therapeutical point formulas and combinations given within that book. Caveat!

Du 8 (Go-8): [Note some authorities call this Go-7.] Add the following to the list of 'Indications' given in textbook for this point: "Lumbago; action on the long musculature of the back; stiffness of the vertebral column".

Du 9 (Go-9): [Note some authorities call this Go-8.] Best to have patient in prone position.

Du 10 (Go-10): [Note some authorities call this Go-9.] Locate this point with the patient in prone position. This is a special point for its action on the entire chest cavity; dyspnea that disturbs sleep or ability to lie down; and for chronic cough. This point is classically FORBIDDEN TO NEEDLES. According to ancient authorities moxibustion is most effective for the symptoms mentioned above (to do moxibustion you can simply place the patient in a forward bent position). This is a point of popular renown cited by the Yellow Emperor's Classic (Su Wen), but is not mentioned or shown on the Bronze Statue works. Delete 'Puncture' information given in textbook for this point. Moxibustion time is usually 3 to 10 minutes.

Du 11 (Go-11): [Note some authorities call this Go-10.] Add the following to list of 'Indications' given in textbook: "Neurasthenia; intercostal neuralgia; heart problems; infantile convulsions". This point is classically FORBIDDEN TO NEEDLES, delete 'Puncture' information given in textbook for this point. Moxa time is usually 3 to 7 minutes. A famous French acupuncturist (De La Fuye) states this point has an action on the adrenal gland with augmentation of general body tonicity.

Du 12 (Go-12): [Note some authorities call this Go-11.] One of the main points for all mental illnesses, insanity, confused states, etc. Can also be utilized with patient sitting upright, head bent forward.

Du 13 (Go-13): [Note some authorities call this Go-12.] Can be needled with patient seated upright and head bent forward. Deep insertion is forbidden, suggest depth not exceed one pouce (cun). From this point the Governor Vessel sends a branch to the Bladder meridian (point Bl-12, bilaterally).

Du 14 (Go-14): [Note some authorities call this Go-13.] This is one of the 'Great Points' of acupuncture! It is an important reunion point for the meridians of the three Yang Energetical Layers, as this point receives the energy of all the secondary branches coming from all six Yang meridians. Consequently this is an important point for dispersing the Yang energy when there is a conflict between the Yin and the Yang. Clinically then Go-14 influences all of the Yang meridians by being a point of Yang energy dispersal.

Classically this point is indicated for head pains/aches, stiffness of the vertebral column, malaria, 'cold and hot' (chills and fever), as well as various types of tuberculosis. These symptoms are always accompanied by asthenia (weakness, debility), by deficiency of energy, and sometimes with vomiting and a sensation as if the energy is rising to the upper part of the body.

According to the Yellow Emperor's Classic (Su Wen), when the patient after having caught cold, has the meridians of Tai Yang and Shao

Yang attacked at the same time, this presents stiffness of the neck, syncopal tendencies, accumulation of energy at the chest, and a sensation of constraint below the heart. In this case one must puncture this point.

For pain and contracture of the neck and the nape of the neck, this point is usually coupled with GB-20. To treat tuberculosis it is used with Bl-43 (Kao Mang). To treat a stopped-up nose in the common cold it is used with Go-23 (Shang-Hsing). It also has a possible action on the thyroid gland (De La Fuye, famous French acupuncturist).

Patient should be seated upright, head bent forward. When needed, sensations of local soreness, tightness or numbness should be generated. If a sensation like an electric shock is produced, immediately withdraw the needle approximately two fen. Do not use 'lifting-planting' needle technique, and puncture any deeper than one-and-a-half pouce is not advised. See needle direction and depth in 'Indication' sheets at the end of this Lesson.

Du 15 (Go-15): [Note some authorities call this Go-14.] Besides the textbook 'Location' information this point is approximately three cun (pouce) above Go-14, right on or slightly above the natural hairline at the midline of the neck. Delete 'Indications' and 'Puncture' information in textbook and see Indication sheets at the end of this Lesson and special needle techniques below. This point is absolutely FORBIDDEN TO MOXIBUSTION as classically that can render the patient mute.

NEEDLE TECHNIQUE: Needling of this point must be done correctly regarding patient's posture, exact point localization, needle depth and direction, etc. Use a very good quality needle and proper sterilization procedures. This point should not be needled on patients with fever, very old or weak patients, nor children who are unable to cooperate fully. The following deep needling techniques (over one pouce) apply mainly for the treatment of deafness and mutism. For general use otherwise, this point does not need to be needled as deeply, for adequate stimulation can be obtained for most of the other indications with an insertion depth of only three fen to one pouce, provided all other aspects such as proper location, patient's posture, and needle direction are followed. Be sure to see Fig. 107 between pages 194 and 195 of the textbook.

Patient should be seated upright with head bent slightly forward (lowered) for both localization and insertion. The needle should be inserted carefully, gently, and slowly, perpendicularly, in the direction of the lower jaw or throat. Greatest care must be taken regarding the angle (direction) of insertion and under no circumstances should the needle be inserted upwards [medulla oblongata]. The speed of the insertion should slow down even more when the tip of the needle reaches the resistance of the harder, elastic-like flava ligament. Thereafter the needle is advanced slightly further, and then the insertion stops.

The TOTAL needle depth must not exceed two pouce [spinal column], with the actual insertion depth determined according to the patient's age, body size, weight, etc. As a general rule it is around one-and-a-half pouce for a normal adult or thin person, and for a heavier patient up to the full two pouce. Extensive manipulation of the needle (ie. lifting, pushing, twirling) should not be done, especially after it has reached the desired depth, to prevent internal bleeding at the subarachnoid space. A slight 'turning' motion to assist insertion is allowed provided it is done slowly, without any sideways bending and does not cause the patient pain.

Du 15 (Go-15) NEEDLE TECHNIQUE CONTINUED:

Successful penetration should elicit the sensation of localized swelling or numbness. After the needle pierces through the flava ligament (or at anytime during insertion) if the patient experiences a sensation resembling an electric shock radiating to the limbs, this means the needle tip has reached the dura mater of the spinal cord, and the needle should be immediately withdrawn either slightly or completely, depending on the patient's overall reaction. If the patient feels no sensation and does not react after penetration to the desired depth (not to exceed two pouce ever), attempt a slight amount of needle twirling only (no other manipulation techniques), but do not penetrate any deeper --- if still no sensation or reaction withdraw the needle all the way in order to prevent an accident. The patient should be allowed to rest for a half hour after deep needling (over one pouce) of this point. NOTE: Mistakes in needling can cause permanent mutism in the patient, which according to a few authorities may possibly be corrected by needling Go-26 (tonify).

Du 16 (Go-16): [Note some authorities call this Go-15.] At this point the Governor meridian sends an energetical branch into the brain. Add to list of 'Indications' given in textbook the following: "Neck stiffness and pain; vertigo; possible action on pituitary gland and central nervous system [De La Fuye]". Do not needle this point too deeply (over one pouce). Deep needling causes loss of speech and shock, which can possibly be corrected according to some authorities by needling of Go-26 and Go-23. This point is FORBIDDEN TO MOXIBUSTION, as classically moxa here can cause a loss of voice in the patient.

Du 17 (Go-17): [Note some authorities call this Go-16.] At this point the Governor meridian also sends an energetic branch into the brain. Again, has a possible action on the pituitary gland according to De La Fuye. This point is ABSOLUTELY FORBIDDEN TO MOXIBUSTION classically, as it can render the patient mute. It's Chinese name is "Gateway of the Brain" and some authorities forbid this point to needles as well, because classically too deep of a puncture at this point can cause death. Although we do not forbid it to needles, we do not recommend its use in any manner by our students or graduates.

Du 18 (Go-18): [Note some authorities call this Go-17.] This point generally strengthens the action of neighboring points, for indications like neck stiffness, headache, vertigo, etc. Some authors say this point is forbidden to moxibustion, however we can find no classical or clinical confirmation other than the fact that all Governor Vessel points from Go-18 to Go-26 inclusive are forbidden to moxibustion in patients with hypertension.

Du 19 (Go-19): [Note some authorities call this Go-18.] Also one-and-a-half pouce posterior to Go-20. Add the following to the list of 'Indications' given in the textbook for this point: "Neck stiffness and pain; migraine; forehead and vertex pain; tinnitus; insomnia; and epilepsy".

Du 20 (Go-20): [Note some authorities call this Go-19.] Also located at five cun (pouce) behind the anterior hairline (see Fig. 108, textbook page 196), in a depression at the vertex (crown) of the head. Caution: Perpendicular insertion may be fatal --- always needle parallel along the skull. Moxa seems to work best for anal prolapse, especially in children. See note re 'Bellergal' under Ren-15 (Co-15) in

Lesson 15. Another reunion point of the Yang meridian's secondary branches. Traditionally, if there is an abscess at the crown of the head, it is necessary to moxa the opposite end of the body, namely the first point of the Kidney meridian at the bottom of the foot.

Du 21 (Go-21): [Note some authorities call this Go-20.] Change word "Vertical" to "Vertex" in textbook 'Indications' for this point and add the following: Facial redness; head cold/congestion; stopped-up nose.

Du 22 (Go-22): [Note some authorities call this Go-21.] This point is where the parietal bones of the side of the skull meet the frontal bone, or at the cross-point of the medial line of the head and the coronal suture. In young children this is the front "soft spot" on the head --- the Anterior or Bregmatic Fontanel (usually the last fontanel to close) --- and thus, this point is classically FORBIDDEN TO NEEDLES AND MOXIBUSTION BEFORE THE AGE OF EIGHT (some authorities say under age seven, and some under age three unless there is retarded ossification) for if the fontanel is perforated it could be fatal for the child. As well, deep (over two fen) perpendicular puncture of this point is not advised at any time. Add "apoplexy with aphasia; and, head pain due to alcoholic 'hangover'" to list of indications. Traditional advice regarding moxa on this point states if the moxa becomes painful, it is because the ailment is healing, and it is no longer necessary to continue it.

Du 23 (Go-23): [Note some authorities call this Go-22.] In a very small depression. Best to have patient seated, head erect and facing the practitioner. It would be wise to avoid moxibustion or needling of this point in young children for the same reason as under Go-22 above. Some traditional advice regarding this point: Use triangular needle to bleed in order to disperse the excess Yang energy of all the Yang meridians so that it does not "assault the head". Do light moxibustion only as too much moxa can cause eyesight trouble in the patient.

Du 24 (Go-24): [Note some authorities call this Go-23.] This point is sometimes placed right at the midpoint of the anterior hairline. It's a specially favored instinctive "scratch point" --- for example when pondering over a problem. Add the following to the list of 'Indications' given in textbook: "Anxiety; vomiting; head cold, runny nose; inflammation of the eyes; patient in a dazed state." Possible action on mucous membranes. This point is classically FORBIDDEN TO NEEDLES as puncture can cause "madness" or blindness. Delete 'Puncture' information in textbook and substitute: "Moxa 3 to 7 minutes".

NOTE: The problem of the numbering system for this meridian as discussed previously (see Go-7 above) now becomes even more complex. Some authorities add one or two additional points between our Go-24 and Go-25 [of the twenty-eight point numbering system]. As mentioned in the Lesson on the Conception Vessel, the extra point called 'Yintang' (China Cultural Corp. Chart 'S-3', textbook's 'Extra 1' point) is now being incorporated into this meridian by a few schools of thought as Go-25, and thus they end up with a total of twenty-nine points on this meridian --- shifting all points from here on numerically upwards by one number. To compound the problem even more, some schools of thought add not only 'Yintang' but another extra point just below it at the root of the nose, for a total of thirty points on this meridian --- shifting all points from here on numerically upwards by two numbers. Both of these variations are starting to affect recent English language literature and we again caution our students and graduates to be exceedingly careful in working with outside materials,

point combinations and formulas involving points on this meridian numerically greater than Go-6.

Du 25 (Go-25): [Note some authorities call this Go-24, 26, or 27.] At the extremity of the cartilage prolongment of the nose bone, on the tip of the nose. Good point for intoxicated person as needling this point frequently causes immediate vomiting (be prepared for it). Also supposed to be a good point for "Brandy nose", but we have never heard this expression and do not know what it means medically --- can any of you readers advise us on what it means? FORBIDDEN TO MOXIBUSTION.

Du 26 (Go-26): [Note some authorities call this Go-25, 27, or 28.] Change words "upper lip" to read "philtrum" instead in textbook's 'Location' information for this point. This point then is in the philtrum (groove between upper lip and nose) at one third the distance thereof below the nose, on the muscle orbicularis oris. Patient should be sitting upright, with back of head supported against a head rest, or laying supine. The Large Intestine and Stomach meridians meet at this point. It is sometimes used along with LI-4 (Ho-Ku) to relieve discomfort experienced by the patient from needling points on the lower parts of the body. For permanent foul smelling breath it is used along with EH-7 (Ta-Lung). If the patient's pulse stops in emergency situations this point is needled for revival [some authors say along with Liver-3 (T'ai-Ch'ung) although Go-26 is a very powerful responding point in its own right]. According to the Yellow Emperor's Classic (Nei Ching), this is a very important point for facial edema, with the fluid going away shortly after needling and the cure happening unexpectedly. Traditionally it is a very effective point for such indications as lockjaw; epilepsy; facial paralysis; and curvature of the spine. For the last two, LI-11 (Ch'U-Ch'ih) is usually needled at the same time.

Du 27 (Go-27): [Note some authorities call this Go-26, 28, or 29.] This point classically belonged to the Large Intestine meridian as its twenty-first point, but was later incorporated into the Governor meridian. Add the following to the list of 'Indications' given for this point in the textbook: "Aphthae; epistaxis; dry tongue; epilepsy; and diabetes". Some say this point is forbidden to moxibustion, however traditionally MOXIBUSTION is simply NOT ADVISED at this point.

Du 28 (Go-28): [Note some authorities call this Go-27, 29, or 30.] Often described as being on the gums of upper jaw, in a depression, between the roots of the two middle incisor teeth, just below the insertion of the frenulum of the upper lip. This point classically belonged to the Conception Vessel as it's twenty-fourth point, but was later incorporated into the Governor Vessel instead. It is an intersection point for the Governor, Conception and Stomach meridians. The indication for "hemorrhoids" given in textbook cannot be confirmed at this time, but do add the following to the 'Indications' there: "Inflammation and itching at inner corner of eyes; nose and eye disorders; toothache". Some authors say this point is forbidden to moxibustion, however there is a special moxa technique given in traditional literature for this point, and classically it is not contra-indicated to moxibustion. In order to moxa this point, the Chinese proceed as follows; Take a fine splinter of bamboo that has been soaked in cooking oil, ignite it, and with it's incandescent tip do the moxibustion (classics say puncture with the burning end???)

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.

Go-1 "Ch'ang-Ch'iang" (Long Strong)

INDICATIONS: Hemorrhoids; rectal prolapse; diarrhea; constipation; lumbar and low back pain; intestinal bleeding; spermatorrhea; vasomotor headaches; general sexual dysfunction point; epilepsy; urethritis; weakness of rectum.

NEEDLE: 3 Fen to 1 Pouce [90] directly below coccyx with patient prone or in knee-chest position.

MOXA: 5 to 15 minutes

Go-2 "Yao-Shu" (Lumbar Locus)

INDICATIONS: Pains in sacro-lumbar region, lumbago; irregular menstruation; hemorrhoids; paralysis and "coldness" of lower limbs; rectal prolapse; ease childbirth; sciatica.

NEEDLE: 3 Fen to 1 Pouce [45] upwards.

MOXA: 5 to 15 minutes

Go-3 "Yao-Yang-Kuan" (Lumbar Sunny Pass)

INDICATIONS: Lumbago and loin region pain; spermatorrhea; impotence; menstrual disorders; enteritis; arthritis and pains of knee; post-traumatic neuralgia and difficulties; anxiety, insecurity; weakness of legs.

NEEDLE: 5 Fen to 1 Pouce 2 Fen [90] needle tilted upwards.

MOXA: 5 to 15 minutes

Go-4 "Ming-Men" (Gate of Life)

INDICATIONS: Lumbago and pain in loin region; spermatorrhea; impotence; enuresis; leukorrhea; a main point for sexual function; tinnitus; endometritis; headache; hemorrhoids; good point for general exhaustion; hemorrhoids; hands and feet ice cold; high fever.

NEEDLE: 5 Fen to 1 Pouce 5 Fen [90] slightly upward.

MOXA: 5 to 20 minutes

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED

Go-12 "Shen-Chu" (Pillar of Body)

INDICATIONS: Asthma, dyspnea; bronchitis; back stiffness and pain; action on spinal column, ie. stiffness; epilepsy & epilepsy in children; cough; mental illnesses; headaches.

NEEDLE: 3 Fen to 1 Pouce [60] slightly upward.

MOXA: 5 to 15 minutes

Go-13 "T'ao-Tao" (Seeking Path)

INDICATIONS: Stiffness of back & spinal column; headache; malaria; febrile (fever) diseases; epilepsy; torticollis, cervical syndrome & spasms at nape of neck, contracture of shoulder musculature; mental illness, ie. schizophrenia.

NEEDLE: 5 Fen to 1 Pouce [60] slightly upwards. [CAUTION ON NEEDLE DEPTH]

MOXA: 5 to 15 minutes

Go-14 "Ta-Chuei" (Big Vertebra)

INDICATIONS: Fever; heatstroke; malaria; mental disorders, ie. schizophrenia; epilepsy; asthma; colds, influenza; neck stiffness, spasms & pain; back pains & stiffness; epistaxis; headache and pains; vomiting; coughs, whooping cough; pulmonary tuberculosis; jaundice; cases of heavy exhaustion.

NEEDLE: 4 Fen to 1 Pouce 5 Fen [90] or tilting upward at a slight slant. Do not puncture deeper!

MOXA: 5 to 17 minutes

Go-15 "Ya-Men" (Dumb Gate)

INDICATIONS: Deafness and muteness; headache, especially posterior type; stiffness of neck; mental disorders, schizophrenia, neurosis, hysteria; epistaxis; paralysis of the throat and tongue; meningitis; epilepsy.

NEEDLE: See special instructions in Lesson material.

MOXA: FORBIDDEN

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED

Go-20 "Pai-Hui" (Hundred Meetings)

INDICATIONS: Epilepsy; apoplexy & stroke; headache and migraine; dizziness; vertigo; anal prolapse; hemorrhoids; tinnitus; deafness; rhinitis; may increase concentration ability; hemiplegia; nervous and mental disorders; coma, syncope, etc.

NEEDLE: 2 to 5 Fen [15] towards back or front of head.

MOXA: 5 to 10 minutes

Go-23 "Shang-Hsing" (Super Star)

INDICATIONS: Headache; forehead neuralgia; eye diseases and pains; rhinitis; nasal obstruction; epistaxis; nasal polyps; sinusitis; intermittent fever; facial edema.

NEEDLE: 3 to 8 Fen [15] posteriorly [or Bleed].

MOXA: 3 to 5 minutes

Go-26 "Jen-Chung" (Middle of Man)
also known as "Shuei-Ko" (Water Ditch)

INDICATIONS: Shock; heatstroke; lumbago; epilepsy; facial paralysis, edema & swelling; apoplexy & strokes; lockjaw; diabetes; infantile convulsions; curvature of spine; mental disorders; emergency use, ie. fainting, 'blackout', pulse stops, unconsciousness, etc.

NEEDLE: 2 to 6 Fen [45] needle pointing upwards.

MOXA: 3 to 5 minutes

THE GOVERNOR VESSEL POINTS AND PALPATION OF THE SPINE

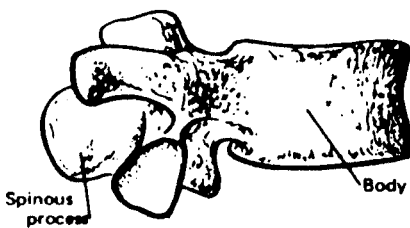
by Charles H. McWilliams. Consultant: Dr. Ansis Kozlovskis (D.C.)

In order to properly locate the Governor Vessel (and Bladder) points on the back of the body, it is necessary to know how to correctly palpate the spine. Palpating the spine in this context means to manually identify the spinous processes; as these processes (projections) are the reference points not only for Chiropractors, Osteopaths, Physical Therapists, and Orthopedists, but also for Acupuncturists. They are the 'landmarks' by which to accurately locate the different vertebrae. The mislocation of a vertebra may mean the difference between whether you stimulate, for example, Go-6 or Go-7. In essence, since Go-7 is strictly forbidden, this may mean the difference between whether the patient gets better or becomes worse!

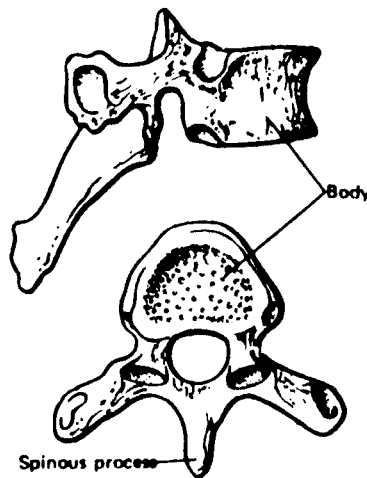
THE SPINOUS PROCESS

The spinous process of a vertebra is the bony prominence at the posterior part of the vertebral bone itself and serves as a place for ligament and muscle attachments. (See diagrams below) They project out posteriorly on the back of the body, at the midline, and can be felt as a small bony 'projection' about the size of a knuckle of your fist.

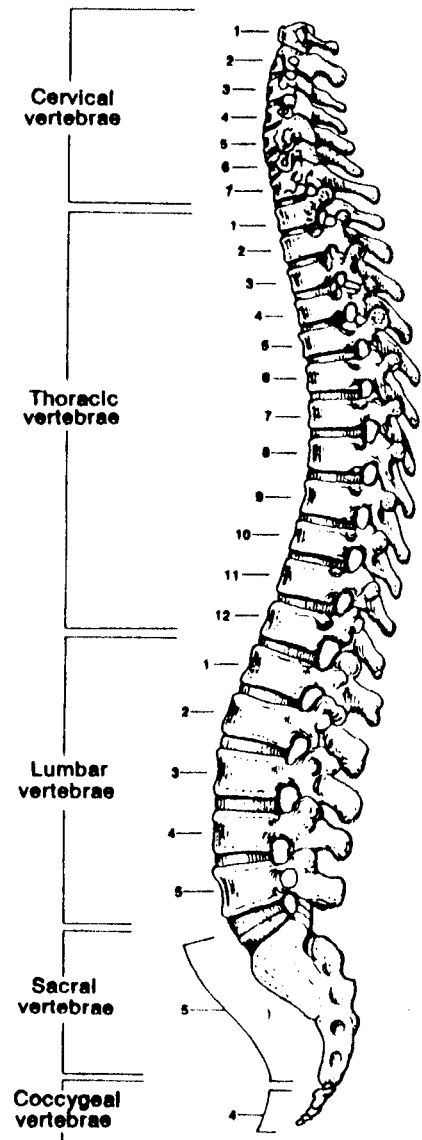
Vertebrae = Plural of vertebra
Processes = Plural of process



LUMBAR VERTEBRA



THORACIC VERTEBRAE



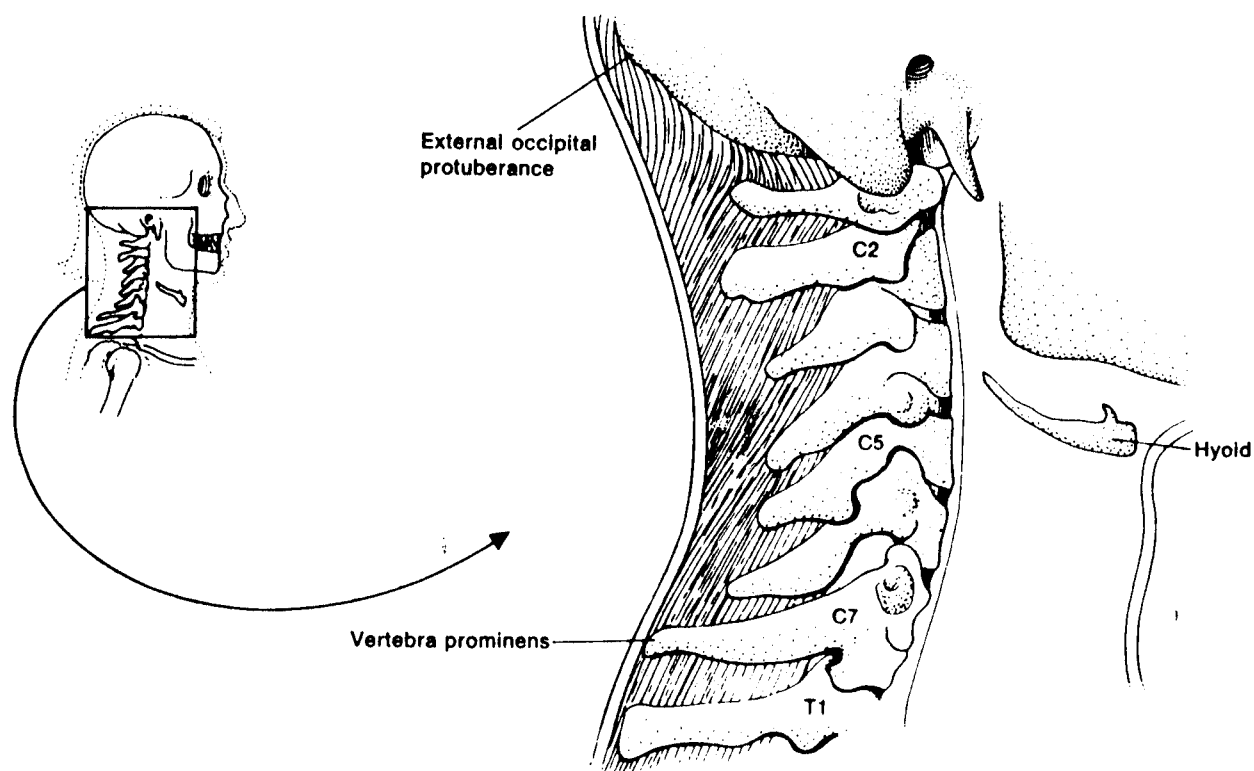
THE SPINE (See diagram on Page 1)

The spine consists of 7 cervical vertebrae, 12 thoracic vertebrae, 5 lumbar vertebrae, and a fused mass of varyingly separated 5 sacral, and 4 coccygeal vertebrae. For convenience of discussion, the cervical spine may be considered apart from the remainder of the spinal column. In some acupuncture texts, the cervical vertebrae are not counted. If this is the case, the corresponding anatomical designations are as follows: The first 12 numerically are the 12 thoracic of the rib cage area; the thirteenth to the seventeenth numerically are the 5 lumbar vertebrae at the waist area.

The spine, viewed laterally on Page 1, presents four curvatures to be carefully noted. Least pronounced is the cervical curvature which concaves inward towards the throat beginning with the 2nd cervical and ending with the 6th cervical (abbreviated C6). C6, at the base of the neck, on most persons is the most easily palpable spinous process while in a sitting (erect) position.

C7 begins the start of a distinct convexity of the largest segment of the spine, the thoracic spine. The prominence of the 7th cervical (see diagram below) is very noticeable when the head is lowered forward towards the chest. Also, C7 is the last vertebra at the base of the neck which freely rotates when the head is turned from side to side. The 1st thoracic (T1), immediately below it, does not move with the head in that side to side motion like C7 does.

The point Go-14 (Ta-Chuei) transliterates as "Big Vertebra" because this point is right below the spinous process of C7. This "Big Vertebra" can be used as a landmark and an originating point from which to count and locate other vertebrae down the back, when palpating with the fingers.



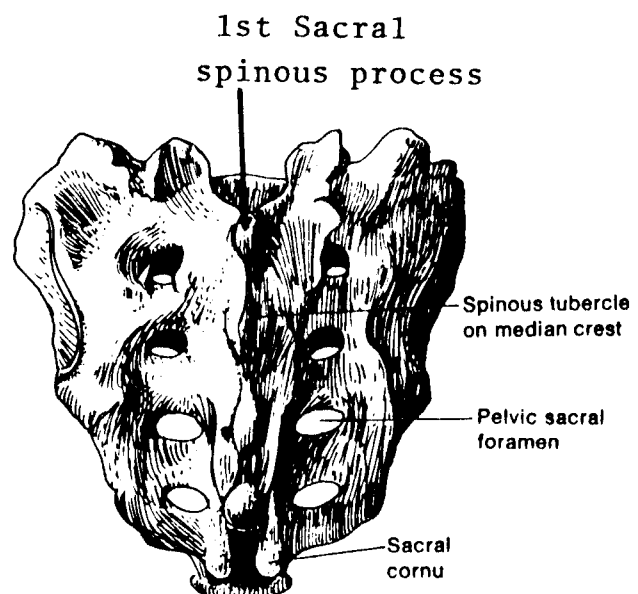
The second spinal curvature, the thoracic spine, has 12 vertebrae (which attach to the twelve ribs) with their spinous processes having a very different shape as compared to the lumbar spinal section immediately below it. Please take careful note of how the spinous processes of the lumbar vertebrae are much longer and larger than those of the thoracic. The spinous processes of the thoracic vertebrae, upon palpation, feel much smaller in diameter as compared to the lengthy projections of the lumbar vertebrae.

On the average adult, the 12th thoracic (abbreviated T12) upon palpation with the forefinger feels about the size of the middle knuckle of the fist when it is clenched. The lumbar spinous process (1st lumbar) immediately below it will feel much longer in length. L1 would compare roughly to palpating the last phalanx on the posterior surface of the little finger with the hand placed flat on a surface in front of you.

The lumbar spine, the third curvature (more pronounced in females), concaves inward towards the bowels from T12 to the lumbosacral joint. The fourth curvature, the pelvic curve (including sacral and coccygeal spines), convexes outward away from the bowels. The spinous processes of the sacral vertebrae are smaller to touch as compared to thoracic vertebrae. Although sacral vertebrae are not landmarks for any Governor Vessel points, description is given here to help you when you reach Lesson #24 on the Bladder meridian.

In the middle of the sacrum are three or four tubercles, which represent the rudimentary spinous processes of the sacral vertebrae. Of these tubercles, the first is usually prominent and perfectly distinct from the rest, although fatty tissue in this area may be an obstacle, excluding it as a reference point. The second and third tubercles are either separate or united into a tubercular ridge, which diminishes in size from above downward; the fourth and fifth usually always, remain undeveloped (see diagram below).

The lower border of the sacrum is the location of the sacral hiatus which is in the crease between the buttocks. The sacral hiatus is the gap at the end of the sacrum, exposing the spinal canal. The apex of the sacrum, directed downward and slightly forward, presents a small, oval, concave surface for articulation with the coccyx. The important point Go-2 (Yao-Shu, sometimes called "Lion's Locus") is located by palpating the sacral cornu (see diagram) which marks the end of the sacrum and the beginning of the coccygeal spine. Palpating further downward towards the tip of the coccyx, you can feel the distinct ending of the spine and right there is the location of the point Go-1 or "Ch'ang-Ch'iang".



PRACTICAL APPLICATION

The only way to gain any dexterity in spinal palpation is to practice on other persons. This will require the aid of your spouse, a friend, etc., by being 'patient' with you while you palpate their back to locate most of the vertebrae for yourself. Also, the leaner your subject, the easier the locations are to find.

UPPER BACK LOCATING: A good procedure for locating the spinal processes on the upper back is to have the subject sitting in an erect position on a stool of some kind. As you gain mastery of the locations, it will help to have a fine tipped, non-toxic, felt marker handy, so you can mark a dot on the tip of the spinal projection on the skin. Start by running the tips of your index and middle fingers of your most dexterous hand up and down a foot or so, long segment of the upper spine. As you stroke the spine with firm pressure you will feel bumps or tubercles spaced at regular intervals. These are the spinous processes of the vertebrae. Each bump is the location of a specific vertebra --- the trick of course is to know which one! As your reference point, have the subject tilt their head forward and locate C7 ("Big Vertebra"). Immediately below C7 will be the next bump, T1; below T1 will be T2, and so on. On the very tip of each spinous process, place a dot with your felt marker and continue marking to see if you can reach all the way down to the 12th thoracic vertebra. If you are being fairly correct in identifying the thoracic vertebrae, your marks should place T7 about level with the lower border of the shoulder blades.

LOWER BACK LOCATING: The best procedure for locating the spinous processes on the lower back is to have the subject lying flat on their stomach on a massage or treatment table, however near the edge of a bed will suffice. Start by locating the dot that you placed on T12. If you did not find T12, it is approximately six pouce (cun) above the iliac crest (highest points of the hips). Stroke the tips of your index and middle fingers up and down the spinal segment involved and find where the 12th thoracic vertebra ends and where the rather long, blunt projection of the first lumbar vertebra begins. Palpating the location of the 5 lumbar vertebrae is more difficult than the procedure for the thoracic vertebrae. The lumbar vertebrae, because of their long spinous processes, have very little space in between them. Consequently, it may help if you place a pillow under the lower abdomen of the subject while they are lying down on their stomach to get better flexion of the spine (hence their intervertebral spaces become widened). Again, if you are being fairly correct with your palpation procedure, the highest points of the hips (iliac crest) should be level with the middle of the 4th lumbar vertebra.

Palpate the remainder of the spine all the way down to the tip of the coccyx and use the descriptions provided previously in these Supplementary Pages for the sacrum and coccyx. Once you become acquainted with the location of the vertebrae, the next step would be to locate Governor points 3 to 15 inclusive, as these are located between specific spinous processes, making their identification fairly simple. (Governor 15 is just above the 2nd cervical vertebra, and C2 has the first spinous process below the occiput. Go-15 is also immediately below Go-16 [see Lesson material], making location of Go-15 with an electronic point locator easy, without having to directly palpate spine.)

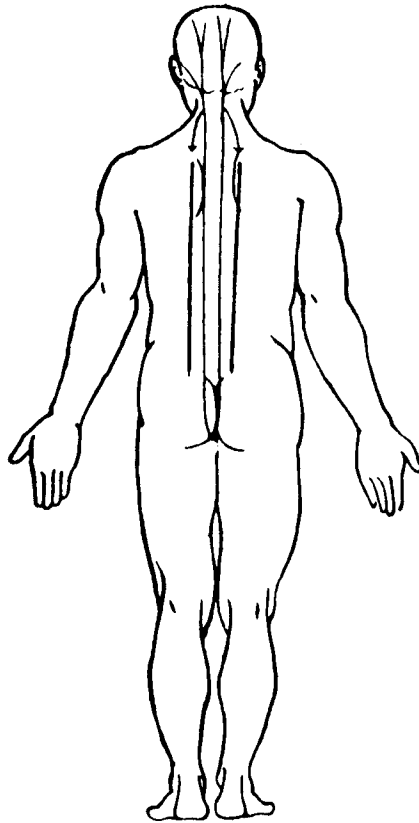
THE LONGITUDINAL LO VESSEL OF THE GOVERNOR VESSEL

This vessel starts at the point Go-1 (Ch'ang-Ch'iang), climbs to the neck, separates into branches in the head, descends again to the shoulder and communicates with the meridian of the Bladder, penetrates deeply into the muscles up to the genital parts where it unites itself with the Conception Vessel and the meridian of the Kidneys.

Symptomatology and Treatment:

Fullness: Stiffness of the vertebral column; sedate Go-1.

Emptiness: Head heavy, head which shakes; tonify Go-1.



2. The Eight Extra Channels:

The Eight Extra Channels are the Du, Ren, Chong, Dai, Yinwei, Yangwei, Yinchiao and Yangchiao Channels. They are different from the Twelve Channels as they do not pertain to any of the internal organs. This is the reason for calling the Twelve Channels the Regular Channels and the Eight Channels the Extra Channels.

a. Du Mai (the Back Midline Channel)

Course: This channel starts in the pelvic cavity, descends and emerges at the perineum, passing through the tip of the coccyx (Changqiang, Du 1) and ascending along the middle of the spinal column to communicate with the kidney in the lumbar region. Then it ascends to the brain, reaching the vertex, winding in the midline of the forehead to the columella of the nose to descend to the upper lip, terminating at Pt. Yinjiao (Du 28). (See Fig. 20.)

Records say that the Du Channel is the confluence of the Yang Channels. The word du means to govern, and it is thought that the Du Channel has the function of governing all the Yang Channels.

Pathological Symptoms: Febrile diseases, mental disorders, stiffness and pain of the spinal column, opisthotonos, etc.

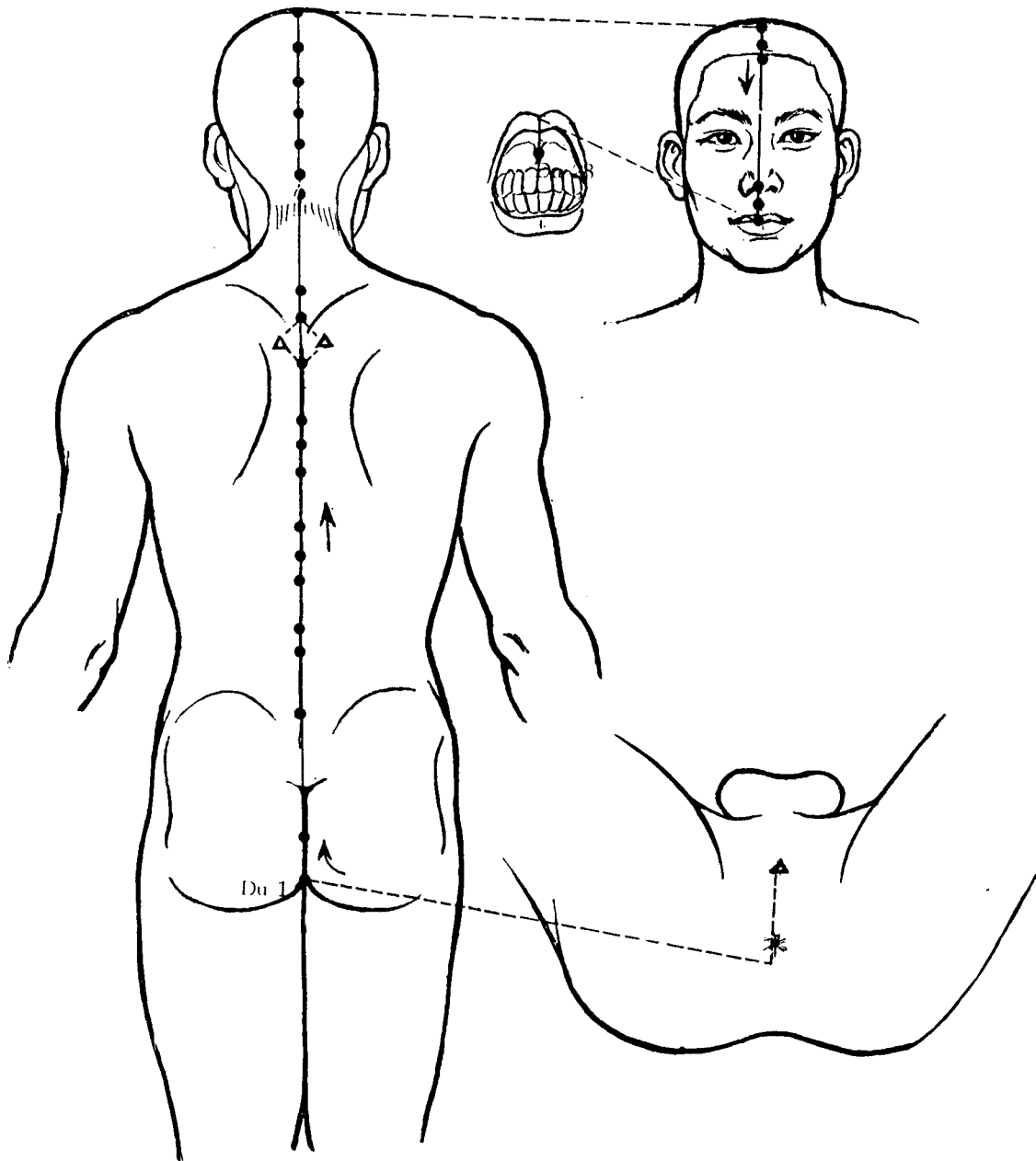


Fig. 20. Du Mai (the Back Midline Channel)

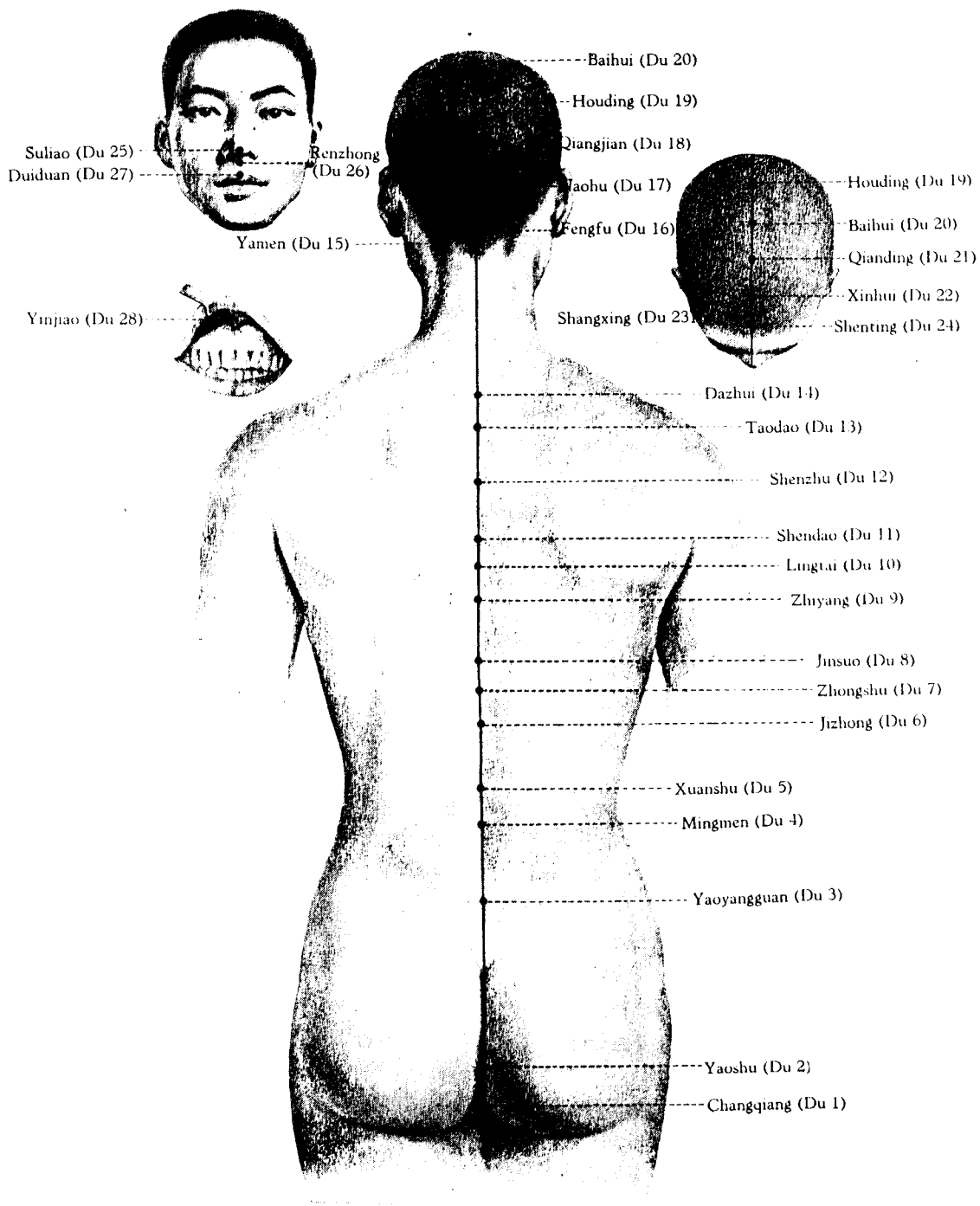


Fig. 104. The Du (Back Midline) Channel

1. Changqiang (Du 1):

Location: Midway between the tip of the coccyx and the anus, located with the patient in prone or knee-chest position. (See Fig. 105.)

Indications: Hemorrhoids, prolapse of rectum, diarrhea.

Puncture: Perpendicularly 0.5-1.0 inch directly below coccyx.

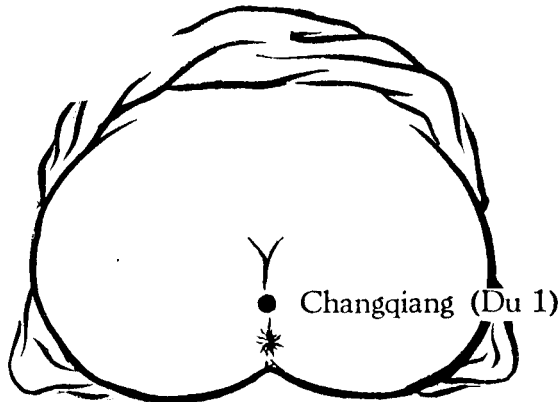


Fig. 105

2. Yaoshu (Du 2):

Location: At the junction between the sacrum and the coccyx, at the hiatus of the sacrum.

Indications: Pain in the sacro-lumbar region, irregular menstruation, spermatorrhea, impotence, enteritis, diarrhea.

Puncture: Obliquely 0.5-1.0 inch upward.

3. Yaoyangguan (Du 3):

Location: In the interspace of the spinous process between the

4th and 5th lumbar vertebrae. Locate the point with the patient in prone position.

Indications: Lumbago, spermatorrhea, impotence.

Puncture: Perpendicularly 1.0-1.5 inches with needle tilted upward.

4. Mingmen (Du 4):

Location: With the patient in prone position, it is between the spinous process of the 2nd and 3rd lumbar vertebrae, at the midline. (See Fig. 106.)

Indications: Lumbago, spermatorrhea, impotence.

Puncture: Perpendicularly 1.0-1.5 inches with needle tilted slightly upward.

5. Xuanshu (Du 5):

Location: Below the spinous process of the 1st lumbar vertebra. Locate the point with the patient in prone position.

Indications: Lumbago, back pain, dyspepsia, enteritis, diarrhea.

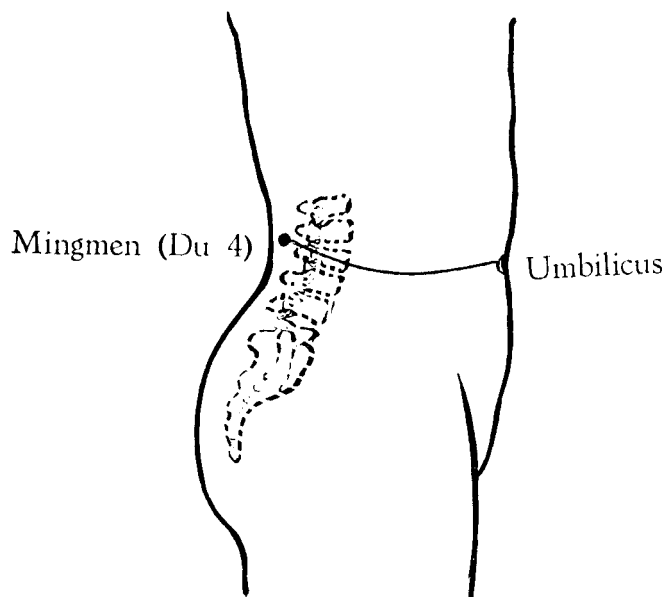


Fig. 106

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

6. Jizhong (Du 6):

Location: Below the spinous process of the 11th thoracic vertebra. Locate the point with patient in prone position.

Indications: Epilepsy, hemorrhoids with bleeding.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

7. Zhongshu (Du 7):

Location: With the patient in prone position, it is below the spinous process of the 10th thoracic vertebra.

Indications: Back pain, gastralgia, anorexia, failing eyesight.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

8. Jinsuo (Du 8):

Location: Below the spinous process of the 9th thoracic vertebra. Locate the point with the patient in prone position.

Indications: Back pain, gastralgia, neurasthenia, epilepsy, hysteria.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

9. Zhiyang (Du 9):

Location: Below the spinous process of the 7th thoracic vertebra, level to the inferior angle of the scapula.

Indications: Cough, dyspnea, jaundice, gastralgia, chest and back pain, stiffness of the spinal column.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

10. Lingtai (Du 10):

Location: Below the spinous process of the 6th thoracic vertebra.

Indications: Asthma, bronchitis, lumbago and back pain, gastralgia.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

11. Shendao (Du 11):

Location: Below the spinous process of the 5th thoracic vertebra. Locate the point with patient in prone position.

Indications: Poor memory, anxiety, stiffness of back, cough.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

12. Shenzhu (Du 12):

Location: Below the spinous process of the 3rd thoracic vertebra. Locate the point with patient in prone position.

Indications: Cough, dyspnea, epilepsy, stiffness and pain in back.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

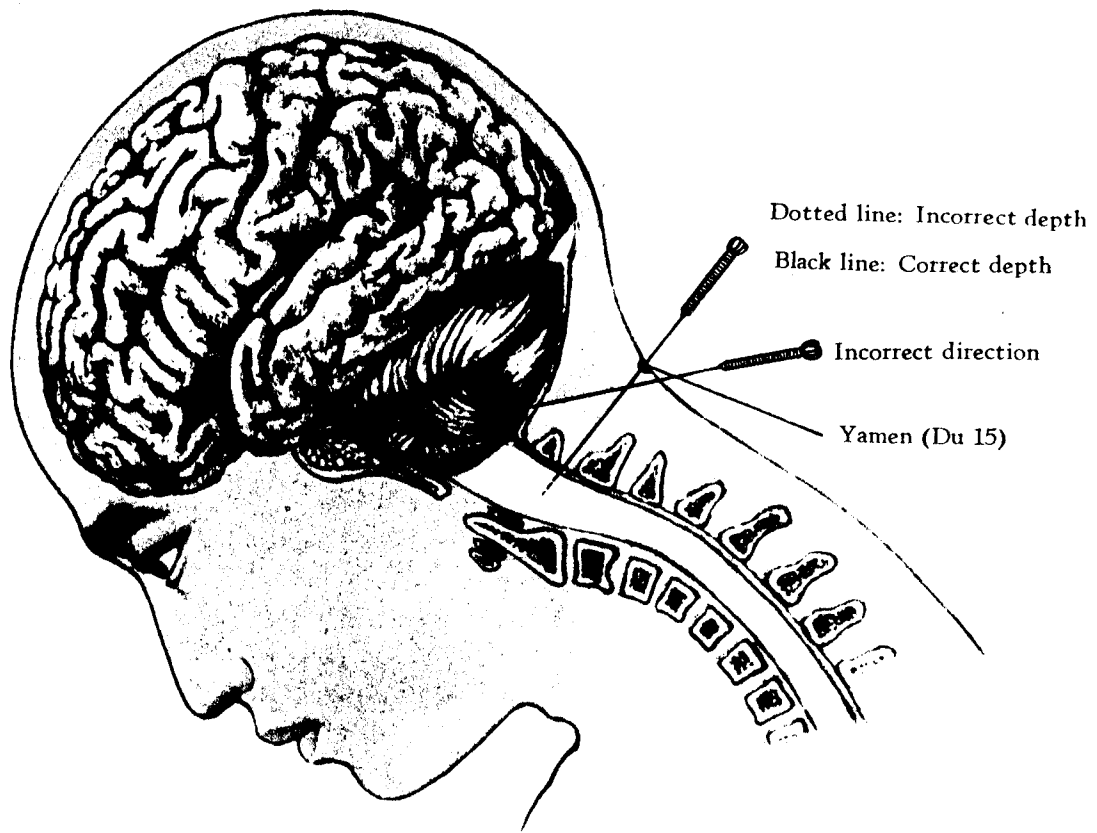


Fig. 107

13. Taodao (Du 13):

Location: Below the spinous process of the 1st thoracic vertebra. Locate the point with patient in prone position.

Indications: Stiffness of back, headache, malaria, febrile diseases, epilepsy.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

14. Dazhui (Du 14):

Location: Between the 7th cervical vertebra and the spinous process of the 1st thoracic vertebra.

Indications: Fever, heat stroke, malaria, schizophrenia, epilepsy, asthma, eczema.

Puncture: Perpendicularly 0.5-1.5 inches, or tilting upward at a slight slant. Deeper puncture is not advisable.

15. Yamen (Du 15):

Location: At the nape, 0.5 cun above the hairline, between the spinous process of the 1st and 2nd cervical vertebrae. (See Fig. 90.)

Indications: Deafness and muteness, posterior headache, stiffness of neck, schizophrenia, neurosis.

Puncture: Ask patient to bend neck slightly, insert needle perpendicularly and slowly towards the mandible to a depth generally not exceeding 1.5 inches. Manipulating the needle is not advisable. (See Fig. 107.)

16. Fengfu (Du 16):

Location: Directly below the occipital protuberance, in the midline, in a depression 1 cun above the hairline.

Indications: Cold, headache, mental disorders, apoplexy.

Puncture: Perpendicularly 0.5-0.8 inch.

17. Naohu (Du 17):

Location: 1.5 cun above Fengfu (Du 16), superior to the occipital protuberance.

Indications: Stiffness and pain in the neck, headache, dizziness, epilepsy.

Puncture: Obliquely 0.5-0.8 inch.

18. Qiangjian (Du 18):

Location: 1.5 cun above Naohu (Du 17), midway between Fengfu (Du 16) and Baihui (Du 20).

Indications: Headache, vomiting, dizziness.

Puncture: Obliquely 0.5-0.8 inch.

19. Houding (Du 19):

Location: 1.5 cun anterior to Qiangjian (Du 18).

Indications: Headache, dizziness and vertigo.

Puncture: Obliquely 0.5-0.8 inch.

20. Baihui (Du 20):

Location: 7 cun above the posterior hairline, midway on a line connecting the apex of both ears. (See Fig. 108.)

Indications: Epilepsy, schizophrenia, apoplexy, headache.

Puncture: 0.3 inch horizontally posteriorly.

21. Qianding (Du 21):

Location: 1.5 cun anterior to Baihui (Du 20).

Indications: Vertical headache, dizziness and vertigo, facial swelling, convulsions in children and infants.

Puncture: Obliquely 0.5-0.8 inch.

22. Xinhui (Du 22):

Location: 3 cun anterior to Baihui (Du 20).

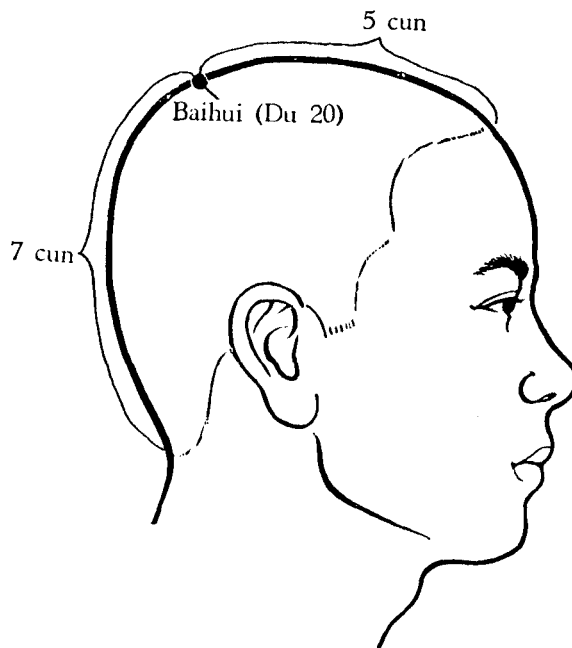


Fig. 108

Indications: Headache, dizziness and vertigo, nasal obstruction, epistaxis, convulsions in children and infants.

Puncture: Obliquely 0.5-0.8 inch.

23. Shangxing (Du 23):

Location: 1 cun above the middle of the anterior hairline, 4 cun anterior to Baihui (Du 20).

Indications: Headache, eye diseases, rhinitis, nasal obstruction, epistaxis.

Puncture: Obliquely 0.5-0.8 inch.

24. Shenting (Du 24):

Location: 0.5 cun above the midpoint of the anterior hairline.

Indications: Frontal headache, dizziness and vertigo, rhinitis, epilepsy, anxiety, insomnia.

Puncture: Obliquely 0.5-0.8 inch.

25. Suliao (Du 25):

Location: At the tip of the nose. (See Fig. 104.)

Indications: Nasal obstruction, epistaxis, abscess in nose, rosacea, rhinitis, shock.

Puncture: Perpendicularly 0.2-0.3 inch.

26. Renzhong (Du 26):

Location: In the midline at the junction of the upper and lower two-thirds of the upper lip. (See Fig. 104.)

Indications: Shock, heat stroke, lumbago, epilepsy, facial paralysis.

Puncture: 0.3-0.5 inch, needle point tilted upward.

27. Duiduan (Du 27):

Location: On the median tubercle of the upper lip, at the junction of the philtrum and the upper lip. (See Fig. 104.)

Indications: Toothache, thrush, foul breath.

Puncture: Obliquely 0.2-0.3 inch.

28. Yinjiao (Du 28):

Location: Between the upper lip and the upper gum in the labial frenum. (See Fig. 104.)

Indications: Pain and swelling of the gum, hemorrhoids.

Puncture: Obliquely upward, 0.1-0.2 inch, or prick with three-edged needle and let out blood.