

FIVE DRAGONS
ACUPUNCTURE COLLEGE
CORRESPONDENCE COURSE



LESSON 24
OF
31 LESSONS

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Recommended books to simplify your research are as follows

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

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to the acupuncturists and medical researchers
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This Lesson on THE (URINARY) BLADDER 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, and the enclosed O.I.C.S. Indication Sheets for this meridian.

(1) Study Section g, on page 45 of the textbook and the diagrams on un-numbered page 46 (Figure 14), in light of the following additional comments and information. The small triangle above the middle of the forehead in the right-hand diagram of Fig. 14, represents Du 24 (Go-24). Not shown in Fig. 14 there, is a small connection between the fourth point of this meridian and the GB-15 point. See China Cultural Corp. Acupuncture Chart #1 for a better idea of their proximity and relationship. The branch that splits off from Du 20 (Go-20) running to the temple actually contacts GB-7 and circles over top and behind the ear (represented by a number of small triangles in Fig. 14) following the pathway of the Gall Bladder meridian points seven through to twelve inclusive, with the latter point (GB-12) being of therapeutical significance.

Note the connection of this meridian to Go-17, Go-14 and Go-13 (also Go-16 not shown) as represented by small triangles, before commencing the course of its medial branch along the back. There is an error in Fig. 14, in that the dashed red line communicating with the kidney and joining the urinary bladder actually starts from around Bl-23 on the medial branch of the meridian rather than the lateral branch as shown. Please correct this error in your textbook. From this point (Bl-23) on, the medial Bladder meridian's pathway is referred to as the Lumbar Region Branch. The "Branch of the Lumbar Region" of this meridian as mentioned in the textbook (page 45) officially starts at the Bl-23 point, includes all the sacral Bladder meridian points, and ends at Bl-40 in the popliteal fossa. All of the connections between this meridian and other meridians are important energetically, and it is only through knowledge of such energetical details of a meridian's pathway (internal and external) that one can progress beyond a purely symptomatic approach to acupuncture. As for all meridians, be sure you know its relationship to the classical order of ch'i energy flow, to the Energetical Layers, its full terminology (both textbook and O.I.C.S.) as well as what 'Element' it belongs to, and so on.

(2) Study the location of all sixty-seven points of this meridian as given in text and diagrams from pages 138 to 154 of the textbook. Locate each of the accessible points several times on yourself and the rest several times on someone else, as you have done for previous Lessons of the program, in conjunction with the hints, suggestions and further information given for most of these points in this section of the Study Guide. Ten points on this meridian or channel are of major therapeutic importance, namely #10, 13, 17, 20, 21, 23, 25, 40, 57, and 60, for which information given on O.I.C.S. Indication Sheets at the end of this Lesson should be MEMORIZED. We suggest you notate these ten major points in some manner beside the appropriate 'Location' information in your textbook. As well, you should delete any 'Indications' and 'Puncture' information given for those ten points in the textbook, as that information is covered in the Indication Sheets or within this section of the Study Guide.

Fifteen other points, namely #1, 2, 11, 12, 14, 15, 18, 19, 22, 27, 28, 32, 37, 43 and 67, 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 for examination purposes. Again, you should delete any 'Indications' and 'Puncture' information given for those secondary points in the textbook, as that information is covered in the Indication Sheets or within this section of the Study Guide as well. Three points on this meridian are forbidden to needles at any time, namely #8, 9 and 56, and two more are forbidden to needles on pregnant women (#60 and 67). Eight points, namely #1, 2, 6, 30, 36, 37, 40 and 62, are forbidden to moxibustion. All forbidden points must be known, along with their locations, for examination purposes. Always be sure to consult the textbook 'Locations' for the points on this meridian in addition to those extra hints and location suggestions given in this section of the Study Guide in your study of this meridian. Now let's have a look at the longest and last of the twelve main meridians that we have to cover in this program.

U.B. 1 (Bl-1): Change word "lateral" in textbook's 'Location' given for this point to read "medial". Thus, this point is located one fen above and one fen towards the nose from the angle formed medially by the union of the upper and lower eyelids, in a depression near the medial orbital border. [At the top of the medial palpebral ligament, near the emergence of the infratrochlear nerve.] See Fig. 45, textbook page 109. The point is best located and treated with the patient's eyes closed, and is FORBIDDEN TO MOXIBUSTION. Delete 'Indications' and 'Puncture' information given in textbook for this point and see respectively the 'Indication Sheets' at the end of this Lesson or the special needling technique section below.

This point is connected to the Small Intestine and Stomach meridians as well as several "ancestral" or 'Extra' meridians/vessels. Numerous other secondary branches of this point explain its special action on eye disorders (for which especially the Liver, Bladder and Stomach meridians have a great bearing). It is interesting to note that many people instinctively put pressure on this point when they are tired or have a headache, and those that wear eyeglasses often rub this area when they take them off or lay them aside. This point is sometimes indicated for trigeminal neuralgia of the first branch (as well as Bl-2) and for ophthalmic migraine.

NEEDLING TECHNIQUES: It is suggested that initially the practitioner use only superficial puncture at this point, namely perpendicular insertion [90] of two to three fen, and at the most five fen, following applicable instructions (other than depth) and precautions as given below. After gaining some experience in superficial needling of this point, and exercising great caution, one may start attempting deeper insertions, that is perpendicular insertion [90] from five fen up to one pouce in depth. Only after much experience should the maximum insertion depth (1 Pouce 5 Fen) be utilized. Unfortunately, for greatest and absolute effectiveness at this point (Bl-1) the depth of one pouce five fen is generally necessary for long term results. However, most authorities agree that a number of more superficial treatments of up to one pouce can be as effective as fewer (or a single) deeper

insertions. This repeated needling requirement of a number of superficial treatments does however give the beginning acupuncturist opportunities for experience in utilizing this point. O.I.C.S. 'Needle-less' Electronic Techniques and recommended instrumentation are effective, provided all aspects of that technique are respected (ie. lacrimation caution, intensity setting, frequency, waveform) and offer about the same degree of stimulation as one pouce in depth needling.

COMMENTS, HINTS AND SUGGESTIONS FOR NEEDLING B1-1 (Ching-Ming)

- patient should preferably be lying down supine (on back, facing upward) or if this is not possible, sitting up straight with head slightly backward, resting comfortably or supported in some manner (high backed chair, etc.).
- patient must look straight ahead, not to the sides, during needle insertion and retention. Patient's eyelids can be closed as long as this condition is met, and this is a good idea especially with those patients receiving their first one or two B1-1 insertions.
- use the end of the index finger (forefinger) of the hand not holding the needle to push the eyeball in question gently aside (laterally, towards the side of the face away from the needle insertion location) and to hold the eyeball there during the actual insertion. The very tip of that index finger can be used as a guide on which to slide the needle along and assist with initial penetration. Be sure to avoid the lacrimal duct.
- needle is inserted at this point near the tip of the eye socket, SLOWLY, along the inner edge of the orbital wall (eyeball socket), WITHOUT ANY MANIPULATION (turning or rotation) during insertion, to the desired depth. If the underlying structures as felt through the needle seem loose, be especially careful, slow and gentle with your insertion technique, and of your depth control. Deep insertion beyond one-and-a-half Pouce is absolutely forbidden to avoid internal injuries and/or blindness.
- once you have reached the desired depth, you can stop holding the eyeball aside, and leave the needle in place (without any manipulation) for from three to a maximum of ten minutes, before removing it. [Electronic stimulation of the inserted needle is NOT recommended by O.I.C.S. at this location, nor is high voltage output needle-less equipment stimulation.]
- after insertion there should NOT be any needle rotation or manipulation (ie. no lifting and thrusting, twisting or turning, etc.). After much experience some acupuncturists do a very limited amount of needle manipulation in order to enhance and expedite the stimulation effect, but this is NOT recommended as it increases the likelihood and degree of bleeding and/or ecchymosis (extravasation of blood into the subcutaneous tissues with discoloration). Removal of needle should be done quickly but gently.
- this point bleeds easily! Try to avoid any bleeding during insertion and after needle removal. Upon removing the needle press moderately on the point to prevent bleeding as much as possible. If it bleeds considerably, a cold water compress can be applied to stop the bleeding, followed by a hot water compress. A local ecchymosis may occur and persist for some time, however it will disappear after a few weeks, and such local ecchymosis does not affect the patient's visual acuity in any way. This paragraph also applies to Extra Point #4 of Lesson 23 (Qiuhou).

U.B. 2 (Bl-2): Approximately one pouce lateral from the ventral midline at 'Yin-Tang' (China Cultural Corp. Acupuncture Chart Point #S-3, between the eyebrows). Often around one fen lateral to the nasal end of the eyebrows. This point is FORBIDDEN TO MOXIBUSTION. Some authors claim this point is in the supraorbital foramen but that would place it too far lateral. Another instinctive self-massage point for headache and tiredness, with acupressure-massage often working well on this point for frontal headache and sinusitis. For frontal neuralgia and frontal sinusitis this point is often used along with the above mentioned 'Yin-Tang' Extra Point. The combination of Bl-2 bilaterally and 'Yin-Tang' is called the "magic anterior threesome" in acupuncture. Headache/pain and pressure often in relationship with insomnia due to excessive flow of mental thoughts or ideas are usually favorably influenced by Bl-2 in combination with Bl-9 and Bl-10. Delete 'Indication' and 'Puncture' information for this point and see 'Indications Sheets' at end of this Lesson.

U.B. 3 (Bl-3): Approximately three pouce above Bl-2, or one-half cun (pouce) above the natural anterior hairline there, on a horizontal level with Go-24 (Du 24) and one-half to three-quarters of a pouce from it (from anterior midline). Change word "leucoma" in textbook's 'Indications' for this point to read "leukoma". This point is sometimes helpful for sneezing attacks. Although we do not consider it as such, some authorities say this point is forbidden to moxibustion. Moxibustion is however simply not recommended for this point, and definitely contra-indicated for patients with hypertension (the latter applies to all points on this meridian from Bl-3 to Bl-10 inclusive). You should be aware that some authorities place this point lower and more lateral, directly on the forehead about halfway between our Bl-4 and Bl-2 locations --- namely at the level of one-and-a-half pouce above Bl-2, and one-and-a-half pouce lateral to the anterior midline. There is undoubtedly an effective acupuncture point there as well, however our locationing is the preferred position for the indications given in the textbook.

U.B. 4 (Bl-4): On the same horizontal level as Go-24 and Bl-3, one-half to three-quarter pouce lateral to Bl-3, or one-and-a-half pouce lateral to Go-24. Again this point is referred to as being one half pouce inside the natural anterior hairline. If the patient is bald or the hairline has receded, you can usually tell where it used to be as determined from the change of skin coloration at that level. Add to list of 'Indications' given for this point the following: Vertex headache and trigeminal neuralgia of the first branch.

U.B. 5 (Bl-5): One-and-a-half pouce lateral to the midline of the head at the level of Go-23 (Du 23), and thus one pouce inside the natural anterior hairline. [Note from pages 92 and 93 of textbook that the distance between anterior hairline and posterior hairline along the midline of the head is twelve pouce or cun.] Some authorities say this point is forbidden to moxibustion however we do not consider it as such. A number of authorities place this point one half to one cun (pouce) further away (towards the back of head) from our location. A good point for migraine with a feeling of heaviness in the head and localized pain (this indication applies to Bl-6, Bl-7, Bl-8 and Bl-9 as well).

U.B. 6 (Bl-6): One-and-a-half pouce lateral to the midline of the head and one-and-a-half pouce behind (posterior to) Bl-5, and thus two-and-a-half pouce posterior to the natural anterior hairline. This point is FORBIDDEN TO MOXIBUSTION. Change word "leucoma" in textbook 'Indications' to read "leukoma" instead, and add "nasal congestion and discharge" to that list.

U.B. 7 (Bl-7): Also one-and-a-half pouce lateral to the midline of the top of the head and four pouce posterior to the natural anterior hairline. From a side view, it is almost directly above the entrance to the auditory canal of the ears. Some authors locate it at the same horizontal level as Go-20, however that puts it too far posteriorly (Go-20 is five pouce posterior to the anterior hairline). Change word "vertical" in textbook's 'Indications' for this point to read "vertex" instead, and add to the list the following: "Vertigo; epistaxis; stiff neck".

U.B. 8 (Bl-8): Also one-and-a-half pouce lateral to a point one-half pouce posterior to Go-20. Although many authors do not consider it as such, THIS POINT IS FORBIDDEN TO NEEDLES. Delete 'Puncture' information given in textbook for this point and substitute the following: "Moxa: 3 to 5 minutes, contra-indicated in patients with hypertension." Change word "vertical" in textbook's 'Indications' for this point to read "vertex" instead, and add "tinnitus" to that list.

U.B. 9 (Bl-9): Also about two-and-a-half pouce above the natural posterior hairline. Although many authors do not consider it as such, THIS POINT IS FORBIDDEN TO NEEDLES. Delete 'Puncture' information as given in textbook for this point and substitute the following: "Moxa: 3 minutes, contra-indicated in patients with hypertension." Change word "vertical" in textbook's 'Indications' for this point to read "vertex" instead, and add "ocular pain" to that list.

U.B. 10 (Bl-10): Note textbook does not say lateral to the trapezius muscle. In furtherance to the textbook's location information, it is in a depression on, or just inside (above), the natural hairline at the back of the neck. With patient seated, head bent forwards, it is at a depression just lateral to the crest of the muscular ridge of the back of the neck, near the occiput. It must be pointed out that a number of authorities place this point more medially, namely seven fen lateral to the dorsal midline at the horizontal level of Go-15 (between the spinous process of the first and second cervical vertebrae). Some authors say this point is forbidden to moxibustion but we do not consider it as such. This is one of the 'Great Points' of acupuncture and is often very tender to pressure. Delete 'Puncture' and 'Indications' information given in textbook and see 'Indication Sheets' at the end of this Lesson. Another one of the instinctive scratch points, and acupressure-massage works quite well here for neck pains. This point is often used with Bl-1 and/or Bl-2 for headaches. Bl-10 forms an effective point combination with St-9, LI-18 (Fu-Tu), TB-16 and Lu-3 with favorable action for most problems of congestion in the head region. NOTE THAT FROM THIS POINT THE BLADDER MERIDIAN SPLITS INTO TWO BRANCHES (See Fig. 70a, page 140 of textbook), or China Cultural Corp. Chart #2.

U.B. 11 (B1-11): From Fig. 70a of the text you can see that there are two main Bladder meridian lines running down the back parallel to the vertebral column. The line closest to the spine is often referred to as the MEDIAL BLADDER MERIDIAN, and that furthest away from the spine as the LATERAL BLADDER MERIDIAN. The medial Bladder meridian line is at a distance of one-and-a-half pouce (cun) away from the dorsal midline of the body, and the lateral Bladder meridian line is three pouce (cun) away from the dorsal midline [the distance between the dorsal midline and the medial (inner) edge of the shoulder blade (scapula) is three pouce, and thus the medial Bladder line is located vertically at the midpoint between the dorsal midline and the medial edge of the scapula]. The acupuncture points on these two Bladder lines are located in reference to the position of specific vertebra of the spinal column or to Governor Vessel points (which essentially amounts to the same thing), with measurements taken from there to the left or right (laterally) either one-and-a-half pouce or three pouce.

Besides the textbook's location information for this point, B1-11 is at the horizontal level of Go-13 (Du 13) and one-and-a-half pouce lateral to it. Some authors say that B1-11 (and the entire medial Bladder line) is two pouce from the dorsal midline, however that depends on what type of pouce measurement they are using. It is best to use the one-and-a-half pouce measurement as mentioned above in relation to the medial border of the scapula. When locating and treating these Bladder acupuncture points the patient should be seated erect with back and head upright, or lying prone (on the stomach).

As shown on the China Cultural Corp. Acupuncture Chart #2, there is a connection to the Governor Vessel between B1-10 and B1-11, and not shown on most charts is that there is also a secondary connection between B1-11 and the Small Intestine and Triple Burner meridians. Some authorities say that this point is forbidden to moxibustion, although we do not consider it as such. Classically moxibustion is simply not advised or recommended unless "indispensable" for the treatment of that point. If this point within its own right is painful, either upon pressure or spontaneously, Chinese acupuncturists consider this of diagnostic significance pointing towards bone disease. Chamfrault (a famous French acupuncturist) has found this point along with Go-1 to be effective for inguinal hernia. For malaria with vertigo and cough, this point is often used with EH-5.

U.B. 12 (B1-12): This point receives secondary branches from the Governor Vessel [particularly from Go-13] as shown in Fig. 20, un-numbered page 57 of the textbook.

U.B. 13 (B1-13): At the approximate horizontal level of Go-12 (Du 12). Moxibustion at this point seems to have good effects on states of depression, sadness and melancholy.

U.B. 15 (B1-15): At the approximate level of Go-11 (Du 11). Some authors say this point is forbidden to moxibustion, but we do not consider it as such. Classically however, there is hardly a point that must be needled with greater caution as to appropriate useage, indication-wise, because of its energetical relationship to the Heart. In the Yellow Emperor's Classic (Su Wen) it is firmly stated that if one injures the

energy of the Heart, death may occur unexpectedly within 24 hours, and this begins with symptoms of nausea and vomiting. Beyond the indications for this point at the end of this Lesson, it is sometimes used in cases of nocturnal spermatorrhea (with dreams of demons, in Chinese symptomatology) along with Bl-30 and Co-6 (Ch'i-Hai). For examination anxiety, stage-fright, mental depression, this point is often used along with some of the following points: He-3, He-5, He-7 and St-36. In Germany it is used because of its psychological indications for preparation of athletes for championship matches and occasionally during practice training sessions for such competitions. De La Fuye, French acupuncturist, attributes to this point an action on the thyroid gland in situations of excitation generally, and on the heart in particular.

U.B. 16 (Bl-16): At the approximate horizontal level of Go-10 (Du 10). Some authorities say this point is forbidden to needles, however we do not consider it as such. Add "pericarditis" to the list of 'Indications' given for this point in the textbook. This point has an energetic association to the Governor Vessel, and acts as it's 'Back-Shu', 'Yu' or 'Associate' point (to be discussed in a later Lesson).

U.B. 17 (Bl-17): At the approximate horizontal level of Go-9 (Du 9). This is another one of the 'Great Points' of acupuncture. The action of this point on the motility of the diaphragm and thereby on its ability to increase breathing capacity has been proven by both roentgenography and pneumometry (Bergsmann, 1966). In Germany it is used in respiratory therapy, and as a supplementary point in the treatment of pulmonary tuberculosis. For pleuritis it is often used in combination with Co-15 (Chiu-Wei). For myocardosis (weakness of the heart muscle) and general circulatory weaknesses it is often treated with moxibustion in combination with Bl-43 (Kao-Mang), St-32 and GB-39. For blood disorders this point addresses itself mainly to the venous component and is often used along with Sp-5 and/or Sp-6. Caution: Needling of this point sometimes leads to collapse and shock, especially when needled quite deeply on labile patients. To eliminate such incidents one utilizes additionally He-9 or EH-9.

U.B. 18 (Bl-18): At the approximate horizontal level of Go-8 (Du 8). This point often becomes tender in cases of insomnia, and can be effective for Gall Bladder problems as well as its other indications given. The Yellow Emperor's Classic (Su Wen) cautions that if this point is needled erroneously so that one injures the energy of the Liver, the patient will start yawning constantly, and may die unexpectedly on the fifth day after such an erroneous treatment.

NOTE: Midway between Bl-17 and Bl-18 is an Extra point called 'Yishu' (China Cultural Corp. Acupuncture Chart Point #S-62), which some authorities have added to the Bladder meridian as another one of its official acupuncture points. They then call this 'Yishu' point Bl-18, and shift all regular points from our Bl-18 on numerically upwards by one number, for a total of 68 points on this meridian. This has not yet affected any English language charts and literature, but students and practitioners should be aware of it for future reference, should they come across a sixty-eight point Bladder meridian. The 'Yishu' point serves as a 'Back-Shu', Shu, Yu, or Associated point for Pancreas, and was discussed as to location (Extra Point #39) in Lesson 23.

U.B. 19 (B1-19): The Yellow Emperor's Classic (Su Wen) cautions that if this point is needled erroneously so that one injures the energy of the Gall Bladder, the patient will start vomiting and may die unexpectedly in one-and-a-half days after the erroneous treatment.

U.B. 20 (B1-20): At the approximate horizontal level of Go-6 (Du 6). The Yellow Emperor's Classic (Su Wen) cautions that if this point is needled erroneously so that the energy of the Spleen is injured, the patient will start constant deglutitions (swallowings) as a result, and unexpected death may occur in ten days. According to De La Fuye, this point has an exceptional action (when tonified) on glycosuria. In regard to diabetes mellitus: The general concensus in acupuncture is that if it originated prior to puberty, it will be difficult to manage by acupuncture, especially in the thin, asthenic types. The postclimacteric diabetes mellitus, especially in adipose types reacts favorably to acupuncture treatment, in which this particular point is used along with others. It must also be noted however, that utilized on diabetics, this point can in certain instances provoke a significant but transitory state of hypoglycemia.

U.B. 22 (B1-22): At the approximate horizontal level of Go-5 (Du 5). For cases presenting neurasthenic symptoms this point is often used along with Co-15 (Chiu-Wei). The "general energetical obstructions of organs and viscera" indication given for this point usually entails the following symptoms: fullness of abdomen, edema, ascites, diarrhea, lumbar pain.

U.B. 23 (B1-23): At the approximate horizontal level of Go-4 (Du 4). Supposedly has special effects on polyuria in senility; and on general rheumatic occurrences (with TB-5). The Yellow Emperor's Classic (Su Wen) cautions that if this point is needled erroneously so that one injures the energy of the Kidney, the patient will start sneezing and may die unexpectedly on about the sixth day after the erroneous treatment. This point should not be needled in pregnant women, nor needled at a lateral (outward) angle at any time [Kidney].

U.B. 24 (B1-24): This point takes on an energetical secondary branch from the sixth point of the Conception Vessel (Ch'i-Hai) and serves as the 'Back-Shu', Yu, or Associated point of that area (Co-6). It is usually needled less than one pouce, with a moxa time of 3 to 10 minutes. Much of the knowledge of the specific functioning of this point and its relationship to Co-6 has been lost or is obscure, but it was closely connected to the realm of sexual strength and vigour in the original Taoist 'breathing/meditation/exercise' practices.

U.B. 25 (B1-25): At the approximate horizontal level of Go-3 (Du 3). For constipation, moxibustion is usually recommended here.

U.B. 26 (B1-26): This point takes on an energetical secondary branch from the fourth point of the Conception Vessel (Kuan-Yüan), and serves as the 'Back-Shu', Yu, or Associated Point of that area (Co-4). Remove the period after the word "diseases" in the textbook's indications for this point and add the following: "(such as urinary difficulty, ovaritis, impotence, lumbar pains during menstrual periods, sterility); enteritis; diabetes; insomnia." Moxa is recommended for tonification of this point, moxa time is five to ten minutes. This point is classically stated to have a positive effect on longevity.

U.B. 27 (B1-27): Lateral to the lower border of the spinous process of the first sacral vertebra. Some authorities place this point a bit more lateral than the textbook location. This point is often effective in cases of headache with dry mouth and great thirst. It has special effects in cases of rheumatism and is often used with Sp-4 (Kung-Sun) for diarrhea. Lumbago is indicated especially before and during menstrual periods, with moxibustion usually recommended for lumbago at this point. This point is also a special one for the "Body Humor" (fluids).

U.B. 28 (B1-28): Lateral to the lower border of the spinous process of the second sacral vertebra. Some authorities place this point a bit more lateral than the textbook location. This point also clears up blockages in the Lower Burner (Chinese thought, drives away "wind and dampness" thereof).

U.B. 29 (B1-29): Lateral to the lower border of the spinous process of the third sacral vertebra. This point is usually needled less than one pouce. This point serves as the 'Back-Shu', Yu, or Associated point for the Middle of the Spine and the Sacrum.

U.B. 30 (B1-30): Lateral to the lower border of the spinous process of the fourth sacral vertebra. This point is FORBIDDEN TO MOXIBUSTION. Needle depth is usually less than one pouce, and patient should be lying prone (face downward) when puncturing this point. This point serves as the 'Back-Shu', Yu, or Associated Point for the White Ring and Anal Sphincter. "White Ring" in Chinese refers to whitish discharge (ie. leukorrhea). Underscore the word "leukorrhea" given in the textbook's 'Indications' and add the following: "lumbar pain; inflammation of uterus; anal spasms". This is a very important point for gynecology.

NOTE: The medial Bladder meridian now makes a sharp jog upwards and medially to the first sacral foramen, and then runs back downwards to the leg, passing the second, third and fourth sacral foramen. Points B1-31, B1-32, B1-33 and B1-34 as situated in the four sacral foramen are known as the 'Four Liao Points' and the Chinese term these four sacral foramen as the upper, second, middle and lower 'Liao' points respectively.

U.B. 31 (B1-31): This is quite an important and often used point in acupuncture, although not really common enough to be listed as a major or secondary point of therapeutic useage in the 'Indication Sheets'. It is nicknamed the "Master Point of Climacteric" relating to its use during the female change of life period. Beyond just the menopause, it has a strong hormonal action on women, especially when combined with GB-3 and Sp-6. For female patients around the age of fifty years, one should try to use this point once in each treatment if possible for the extra benefits it will give them. Add the following to the list of 'Indications' given in the textbook for this point (and they also apply to B1-33 and B1-34): "induce early labor; constipation with anuria; vomiting; sterility; inflammation of uterus and ovaries; uterine prolapse." Sciatica and lumbago are usually indicated at these points when there is a feeling of coldness or a sensitivity to cold. B1-31 is needled in the distal-medial quadrant of the first sacral foramen. Be sure to see the note at the top of page 148 of textbook

in regard to locating these four sacral foramen points and Fig. 73. It is best to avoid these points on pregnant women.

U.B. 32 (Bl-32): Delete 'Indications' and 'Puncture' information given in textbook and see 'Indication Sheets' at end of this Lesson.

U.B. 35 (Bl-35): Classically, this meridian only had sixty-six points instead of the sixty-seven it has today, in that this point used to be the third point of the classical Governor Vessel (inspite of the fact that it was not right on the dorsal midline itself). In more recent times, this point was changed to the Bladder meridian, and all subsequent points thereof were shifted numerically upwards by one number. We mention this to illustrate its longstanding former relationship to the Governor Vessel in therapeutics.

Change words "lower end" in textbook's 'Location' description for this point to read "middle" instead. This point then is just lateral to (on side of) the crease between the buttocks, in a depression at the lateral border of the coccyx, half-ways between the inferior border of the sacrum and the inferior tip of the coccyx. Some authorities place this point higher (at the level of sacro-coccygeal articulation) or lower (at level of Go-1), and some place it somewhat more lateral from the dorsal midline (up to one pouce further). Use our locationing!

Add word "chronic" in front of word "hemorrhoids" given in textbooks 'Indications' for this point, and after it, the following: "psychological exhaustion; and local sciatica." This point has two special features in combination with Go-1. First, it provides a general vitalization through stimulation of the sexual region. Secondly, it has a good distal action in the direction of the chest and head. For example there is a type of headache that occurs after contusion of the coccyx, that can be modified either through coccyx repositioning manipulatively, or by acupuncture with Go-1. Mostly this concerns situations after a hard fall on the backside, with a so called subluxation of the coccyx bone towards the front. But also there is the entire matter of congestion and circulatory obstruction in this area from our sedentary mode of life. Such indications as psychological exhaustion and impotence attributed to this point are easy to see if one thinks of the neurasthenic conditions that one occasionally gets the opportunity to see as a result of persistant coccygeal pain, or regularly in the office worker, truck driver, disabled, etc. These types of problems as mentioned above can be readily handled with acupuncture. Bl-35 is usually needled around one pouce in depth, moxibustion is generally indicated for impotence, and moxa time is five to fifteen minutes.

NOTE: Up to now we have been problem free in respect to any 'dual' numbered acupuncture points as existed on some of the previous meridians, however that changes for a while from here on, as there are two major systems of numbering the pathways of the Bladder meridian between points Bl-36 and Bl-54 inclusive. From Bl-35, the Newer Chinese System and charts continue the sequential numbering down the back of the leg to the middle of the back of the knee, where they place Bl-40. From behind the knee they then go back up to where the Bladder meridian originally split into two branches (Bl-10) and call the first point of the lateral branch Bl-41, and then continue numbering that lateral

branch on down to Bl-54 on the buttocks. From Bl-54 that lateral branch of the meridian runs down the back of the leg, joins up where they left off at Bl-40 (behind middle of knee), and continues numbering below the knee with Bl-55 and onwards to the foot and Bl-67. This is the system we use, and as is illustrated in China Cultural Corp. Acupuncture Chart #2, as well as textbook Figures 70a and 70b, etc.

On the other hand, the Older Chinese System and charts, as well as most European authorities, use a different system of numbering the pathways of the Bladder meridian after point Bl-35. From Bl-35, they go back up to where the Bladder meridian originally split into two branches (Bl-10) and call the first point of the lateral branch Bl-36, and then continue numbering that lateral branch on down to Bl-49 on the buttocks [our Bl-54]. From their Bl-49, that lateral branch of the meridian runs down the back of the leg [a little branch connects Bl-35 to their Bl-50 (our Bl-36)] to the middle of the back of the knee (their Bl-54, our Bl-40) and continues on to the foot and Bl-67.

From Bl-55 on, the numbers are again the same in either system. By mentally working through the Older Chinese System given above on the China Cultural Chart #2, you will see that the Older Chinese System only needs one branch running down the back of the upper part of the leg, whereas the Newer Chinese System necessarily has to have two such branches there as shown. To this writer, the Older Chinese System seems more logical and less confusing, however due to an international agreement among acupuncturists a few years back, the Newer System is the now accepted, 'standardized' numbering method, and is here to stay. Perhaps it was for the best however, for in the process they got a vast number of other numbering problems and point placements worked out (not just on this meridian but on many of the others) and imparted some semblance of international standardization to the entire problem of point nomenclature/numbering/placement.

Unfortunately, there are a lot of books and charts extant and a lot of authorities still working with, the Older Chinese System, and this particularly affects the English language literature and charts. As a result IT IS OF CRITICAL IMPORTANCE THAT STUDENTS AND PRACTITIONERS REALIZE THAT THERE IS A DUAL NUMBERING SYSTEM BETWEEN Bl-36 and Bl-54. Just from the few paragraphs above, you can see that Bl-40 could be either in the middle of the back of the knee or near the lower medial aspect of the shoulder blade; the uppermost point of the lateral Bladder meridian branch can be either Bl-41 or Bl-36; and the point on the buttocks either Bl-54 or Bl-49; and so on, depending on which system the book, chart or authority is using. What more can we say in this final major meridian Lesson but to warn you about the problems of Bl-36 to Bl-54 inclusive and strongly caution you to know what system was used in any formulas and point combinations you utilize from sources outside of this program. CAVEAT --- a patient's life may depend on it!!!

U.B. 36 (Bl-36): NB, this is Bl-50 in the old point numbering system. Also, lower border of buttocks musculature in the midline of the thigh. Below muscle gluteus maximus and between the muscles semitendinosus and biceps femoris (see Fig. 74, page 149 of textbook). One of 'Valleix's Points' painful to pressure in cases of neuralgia. FORBIDDEN TO MOXA!

U.B. 37 (B1-37): NB, this is B1-51 in the old point numbering system. Change words "the former" in textbook's 'Location' information to read "B1-36" instead. In the middle of the back side of the thigh, about seven pouce above the rear knee crease, between muscles semitendinous and biceps femoris. FORBIDDEN TO MOXIBUSTION. Some minor discrepancies on the location of this point occur, however that is to be expected since the length of the femur bone is generally longer in occidental and Northern Chinese races compared to that of the Southern Chinese or Japanese people.

U.B. 38 (B1-38): NB, this is B1-52 in the old point numbering system. Change word "dysuresis" in textbook's 'Indications' to read "dysuria" instead. Best bend knee to puncture.

U.B. 39 (B1-39): NB, this is B1-53 in the old point numbering system. This point is about one-and-a-half pouce lateral to B1-40. Bend knee slightly to puncture. Add epilepsy to list of 'Indications' given in textbook. According to the Yellow Emperor's Classic (Nei Ching), this is one of the points that controls the Lower Burner. When the Lower Burner is deficient (emptiness), urinary incontinence (enuresis) results, and when it is in excess (fullness), anuria (total suppression of urine formation) results. In the first case tonify, and for the latter sedate (disperse) this point.

U.B. 40 (B1-40): NB, this is B1-54 in the old point numbering system. An artery can be palpated here, and the point is just above that artery. Best needled with body lying prone or on the side with knee flexed (as in sitting position). To bleed the point it is best to have the patient standing (leaning against a wall) with the leg completely stretched (straight) and the body slightly inclined in front ---this usually makes the vein stand out more. The "cutting needle" mentioned in the textbook refers to a 'body scarificator' type needle, which is preferred to a triangular (prismatic) needle here. This point IS ABSOLUTELY FORBIDDEN TO MOXIBUSTION. In all chronic metabolic disorders the point is usually bled. Fairly good action in chronic disorders, rheumatic conditions and skin diseases.

NOTE: From the middle of the back of the knee, we now go back up to where the Bladder meridian originally split into two branches (B1-10) and to the first point of the lateral branch which is our B1-41. The points B1-41 to B1-54 are on a vertical level with the medial edge of scapula at its approximate midpoint, and thus three pouce lateral to the dorsal midline. Some authorities say the distance between the dorsal midline and the scapula is four pouce, but again it depends on what type of pouce measurement is used, and to what point on the medial edge of the scapula they measure to, etc. See China Cultural Corp. Chart #2, left hand side, detailing scapular region.

U.B. 41 (B1-41): NB, this is B1-36 in the old point numbering system. Add "pain and stiffness in nape, neck and shoulder" to list of 'Indications' given for this point in the textbook. This point is often painful to pressure in cases of Gall Bladder dysfunction.

U.B. 42 (B1-42): NB, this is B1-37 in the old point numbering system. Add "shoulder blade pain" to list of 'Indications' given in textbook. Soulie De Morant (famous French acupuncturist) claims this point is effective for deficiency in red blood corpuscle production.

U.B. 43 (Bl-43): NB, this is Bl-38 in the old point numbering system and some authorities, particularly Europeans, call this Bl-39 instead. This is an extremely interesting and noteworthy point, which was not mentioned in the very ancient classics, and did not become commonly known until more recent dynasties. It is called Gaohuang in the text-book, Kao-Mang in our terminology system, and roughly translated means 'Vital Center'. In less ancient works such as The General Treatise of the Acupuncture and Moxibustion (Yan), there is cited a short legend which attempts to exemplify the nature and importance of this point. One day a ruler, sick for ten years with an ailment that could not be cured, in desperation sent for the most illustrious acupuncturist of that age, Doctor Tchen Moun. During the night preceding the arrival of Tchen Moun, the ruler in his sleep had a dream in which two small demons exchanged the following conversation: "Have you heard", said the first, "he has sent for the famous acupuncturist Tchen Moun who is surely going to try to get rid of us. What will become of us? What can we do?" The second replied: "We are going to hide underneath the 'Kao-Mang' point, and there he will not be able to attack us." Indeed, the following day the illustrious physician arrived, examined the sick ruler, and said: "There is nothing I can do as the ailment has attacked and is too entrenched at the 'Kao-Mang' point. Neither pharmaceutical herbal infusions, moxibustion, nor the needles of acupuncture will be able to cure you."

According to another classic, by the acupuncture physician Sunn Seu Meo, many acupuncturists are limited in handling such problems because they do not know how to exactly locate the Kao-Mang point, and thus do not succeed in curing their patients. In fact, moxibustion carried out at this point, when it has been localized well, permits the cure of numerous ailments.

LOCATION: Obviously the exact location of this point is very critical and since it is being used in numerous acupuncture formulas and point combinations, we have done an exhaustive study of it, and the methods for its localization. It is situated at the horizontal level of the depression immediately below the fourth throacic vertebra, and three to four pouce lateral to the posterior midline. It is underneath the scapula (shoulderblade) and just lateral to its medial edge, and is in most normal anatomical positions, covered (protected) by the scapula. In order to locate this point precisely, the position of the patient is equally important. It is necessary that the patient be seated, the legs slightly separated, the trunk (back) well arched forward, the arms kept perfectly straight (not bent at the elbow), and the thumbs of each hand then placed on top of the knee-caps. This is a most awkward 'hunched' position, similar to the 'shrug' of a cat, but in assuming it the scapula moves away and Bl-43 becomes accessible. The patient must not budge or move during the localization and treatment. If the patient is too tired to hold his arms perfectly straight, it will be necessary in a pinch, to arrange something of rigidity at the elbow in order to attain that state. Finally, if the patient is too tired to be handled in such a sitting position, he may be placed lying prone on a treatment table, with the arms parallel beside the head (like the arms would be 'above the head' in a standing position). If the acupuncturist applies himself well to localizing this point on the patient, the traditional texts say the results obtained when indicated

will be astonishing.

According to traditional literature, when a patient has a normal pulse, that is to say a pulse which doesn't correspond to the symptomatology presented, the point should not be needled, but rather handled with moxibustion, and the Su Wen recommends this expressly. However, this point should not be needled unless the patient is of "full age". If the patient is too young, it must not be treated with moxibustion either, because young children are full of Yong and 'Fire type' energy, and to use moxibustion would risk being injurious to them. Even in adults, in order to avoid the unfortunate action of any trouble occasioned by action on this 'Fire type' energy, it is always necessary to needle or moxa the St-36 point at the same time. In order to strengthen the therapeutical action even more, one can equally do moxibustion at Co-6 (Ch'i-Hai), Co-4 (Kuan-Yuan), Co-3 (Chung-Chi) or Co-5 (Shih-Men). One therefore chooses one of these four points, but in any case it is always obligatory that the St-36 point be either needled or moxa'd at the same time, in order to augment the general flow of ch'i [or as the traditional texts state, "to draw the energy of Fire along towards the lower part of the body"].

For hypersecretion conditions, very lengthy moxibustion is done on this point in each treatment session. Tonifying puncture action on this point generally results in a demonstrable increase in red blood cell formation, however this effect is often accompanied by vertigo (which is adjusted by sedation of St-36). For children with deficient development (use acu-pressure massage) and asthenics, this point is of great effectiveness, as it, along with Bl-51 (Mang-Men), Bl-53 (P'ao-Mang) and Ki-16 (Mang-Shu) possess a general action on the vitality.

U.B. 44 (Bl-44): NB, this is Bl-39 in the old point numbering system. Bladder points 44 to 49 inclusive all display a special action on liver function disturbances.

U.B. 45 (Bl-45): NB, this is Bl-40 in the old point numbering system.

U.B. 46 (Bl-46): NB, this is Bl-41 in the old point numbering system. Add "strong back pains" to list of 'Indications' given in textbook.

U.B. 47 (Bl-47): NB, this is Bl-42 in the old point numbering system. Notice that the lateral bladder meridian skipped one thoracic vertebra between Bl-46 and Bl-47. Add "heart pains not directly attributed or linked to Heart problems" to list of 'Indications' given in textbook.

U.B. 48 (Bl-48): NB, this is Bl-43 in the old point numbering system.

U.B. 49 (Bl-49): NB, this is Bl-44 in the old point numbering system.

U.B. 50 (Bl-50): NB, this is Bl-45 in the old point numbering system.

U.B. 51 (Bl-51): NB, this is Bl-46 in the old point numbering system. The suffix "megaly" means enlargement and therefore the last two words given in the 'Indications' for this point mean enlargement of liver and spleen. Add to those indications the following: "pains in heart region and breasts; lactation difficulties; supplementary point for chronic diseases of internal organs".

This sure is a long meridian, isn't it? It seems to never end!

U.B. 52 (Bl-52): NB, this is Bl-47 in the old point numbering system. Change word "sacral" in textbook's 'Location' information to read "lumbar" instead. Add the following to list of 'Indications' given for this point: "digestive disorders; diseases and neuralgia of the genital organs." This point is sometimes helpful for strongly itching dermatosis and chronic skin diseases, and is almost always painful to pressure. According to De La Fuye, this point has an action on adrenal gland and on electrolyte metabolism.

U.B. 53 (Bl-53): NB, this is Bl-48 in the old point numbering system. Some authorities place this point slightly higher. Usually needled less than one pouce.

U.B. 54 (Bl-54): NB, this is Bl-49 in the old point numbering system. Some authorities place this point somewhat higher. Best located with patient lying down. Add "lower lumbar pains" to list of 'Indications' given for this point in the textbook. The pathway of the meridian has now reached the buttocks, and runs down the back of the leg to the back of the knee (Bl-40), and we continue the numbering down the lower leg.

U.B. 55 (Bl-55): Two pouce below the midpoint of the popliteal crease in between the gastrocnemius muscle bulges. Some authors place this point a half pouce lower.

U.B. 56 (Bl-56): In the middle of the calf, five pouce below the midpoint of the popliteal crease, in between the tibial and fibular parts of the gastrocnemius muscle. Some authors place this point about one pouce higher. Add to 'Indications' given in textbook for this point: "Calf cramps, spasms, paresis; constipation; cholera with muscle spasm." THIS POINT IS ABSOLUTELY FORBIDDEN TO NEEDLES! Delete 'Puncture' information given in textbook for this point and add "Moxa: 5 to 15 minutes". Should needling be attempted, it is imperative that this point be pressure massaged with the fingertip for quite some time prior to insertion.

U.B. 57 (Bl-57): Standing on your toes, this point is at the apex of an 'A' shaped junction between the raised bulge of the gastrocnemius muscle and its emerging tendon. OR, stretch the foot forcefully downwards (plantar flexion) and there usually appears along the vertical midline of the calf, an angular opening at the lower part of the calf, between the two muscle bulges of the gastrocnemius muscle, and that is where Bl-57 is located. See Fig. 74, page 149 of the textbook. This point is needled along with Sp-9 for loss of appetite during the course of dysentery. These two points (Bl-57 and Sp-9) according to the traditional texts, bring the appetite back immediately. For hemorrhoids, moxibustion of this point and Go-1 (Du 1) gives good results. Bl-57 is also used for cholera with muscle spasms.

U.B. 58 (Bl-58): The meridian pathway now runs to the lateral aspect of the calf. The words "posterior to the external malleolus" in the textbook's 'Location' information refer to the location of 'Kunlun' (U.B. 60), and not to this point. This point is at the lateral side of the gastrocnemius muscle, and over the soleus muscle. See Fig. 74, page 149 of textbook. Approximately one pouce below, and up to two pouce lateral to Bl-57. Some authors place this point eight pouce up from Bl-60 (in other words about midway between the external malleolus and the popliteal crease) and thus on about the horizontal level of

Bl-57. Add the following to the list of 'Indications' given in the textbook for this point: "headache; hemorrhoids; epistaxis; sciatica; knee arthritis; limping; athlete's calf cramps; joint pain and inflammation." This point as well as Bl-40, has a good action on chronic illnesses, rheumatic conditions and skin diseases.

U.B. 59 (Bl-59): The words "posterior to the external malleolus" in the textbook's 'Location' information refer to the location of 'Kunlun' (U.B. 60), and not to this point. This point is on the posterior border of the peroneus longus muscle. Add sciatica to list of 'Indications' given in textbook. This point has a similar general metabolic action to Bl-58, especially in rheumatic and neuralgic disorders.

U.B. 60 (Bl-60): Besides the textbook location description, it is in a depression above the lateral side of the heel bone, on or near the posterior peroneal artery. The tendo calcaneus is the Achilles tendon. This point, named after the K'un-Lun mountains in Tibet, IS FORBIDDEN TO NEEDLES IN WOMEN DURING PREGNANCY, as there is a danger of an abortion. According to traditional literature regarding Bl-60: If the foot is swollen, red and painful, puncture this point, Bl-62, and Ki-3. (If the top of the foot alone is swollen, red and painful, bleed GB-40, which should give the patient immediate relief, and after that, puncture St-41 and Sp-5.) In the presence of chronic pain of the leg, of the knee and of the foot, dating back several years, one must puncture Bl-60 and Sp-3. Bl-60 is often used for dysmenorrhea with related migraine problems, and for influencing the musculature of the uterus. Recent literature attributes to it an action on the anterior lobe of the pituitary gland and on all metabolic disorders resulting primarily from lack of exercise and a sedentary lifestyle.

Electronically, two separate and distinct points can be detected in this area, and the therapeutical action of both of them corresponds to the nature of the acupuncture point known as 'Kun-Lun'. Both of them are on the same approximate horizontal level, namely that of the tip (highest point) of the malleolus, but these two points are separated by a ligament in between them. The first is situated at that horizontal level, only closer to the Achilles tendon, and is the true 'Kun-Lun' point. The second such point, again on that approximate horizontal level, is more anterior and thus closer to the malleolus (posterior to the fibular tendons which run just posterior to the malleolus itself). This second point is a Master Point for dysmenorrhea, which some acupuncturists call the "Genital Kun-Lun Point".

U.B. 61 (Bl-61): Change words "posterior to the calcaneum" in textbook's 'Location' for this point to read "on the lateral side of the calcaneum" instead. This point then is in a depression on the lateral side of the heelbone itself, sometimes only one pouce below Bl-60. It usually helps to raise the foot off the floor to locate this point. Add lumbar pain and eye pain to list of 'Indications' for this point.

U.B. 62 (Bl-62): Change word "lateral" in textbook's 'Location' for this point to read "below or inferior" instead. This point is in a depression between two tendons, and is FORBIDDEN TO MOXIBUSTION. Add the following to the list of 'Indications' given for this point: lumbar pain; eye pains and disorders; migraine; pain, paralysis or loss of strength in the lower extremities. For insomnia this point is good

with Ki-6, especially if there is "restlessness" of the legs as well. Also useful for nervous agitation symptoms especially those that change for the worse before and during menstruation. You should be aware that some authorities place this point considerably more inferior to the external malleolus.

U.B. 63 (Bl-63): Also, about one pouce anterior and about one pouce inferior to Bl-62, in a depression on the lateral side of the cuboid bone, near its articulation with the calcaneus (heel bone). Some authorities place this point considerably higher, namely on more of a horizontal level with our Bl-62 placement. Add "paralysis of the knee and cholera" to the list of 'Indications' given in textbook. This point is sometimes used for deafness along with GB-41 (sedate the former, tonify the latter).

U.B. 64 (Bl-64): As described in textbook and shown in Fig. 75, page 153. Note that many authorities place this point proximal to (behind) the tuberosity of the fifth metatarsal bone, although research has confirmed only the distal (in front of) location as shown in textbook. Add "heart pain and disorders; and epistaxis" to list of 'Indications' given in textbook for this point. Regarding rheumatic and peri-arthritis joint problems, torticollis, muscular cramps, etc., this point seems to be well indicated if these troubles are heightened during changes of weather or full moon.

U.B. 65 (Bl-65): Add "at the junction of the 'red and white' skin" to the end of the textbook's 'Location' description for this point. Add "calf cramps" to list of 'Indications'. This point is sometimes helpful in cases of acne when used with some of the metabolic action points.

U.B. 66 (Bl-66): Add "neck stiffness and pain" to list of 'Indications' given for this point in the textbook. See Fig. 75, page 153.

U.B. 67 (Bl-67): This point is usually very painful to needling and there is a possibility of patient collapse particularly if needled when patient is standing. This point is FORBIDDEN TO NEEDLES IN PREGNANT WOMEN. For correcting fetal position and cases of delayed child birth, moxibustion of this point is recommended, which will relieve the pain and quickly expedite the birth. Other than this, the point has a probable influence on the ovaries.

POINTS OF MAJOR AND SECONDARY THERAPEUTIC IMPORTANCE

[Paragraph at top of Page 9, Lesson 22, applies here as well.]

B1-1 "Ching-Ming" (Eye Bright)

INDICATIONS: Eye diseases, pain and inflammation: cataract, myopia, keratitis, night blindness, conjunctivitis, retinitis (inflammation of the retina), excessive and "wind" caused tears, etc.; frontal headaches; sinusitis; blepharitis (inflammation of eyelids); optic nerve atrophy.

NEEDLE: See needle techniques in Lesson material.

MOXA: FORBIDDEN

B1-2 "Tsuan-Chu" (Drilling Bamboo)

INDICATIONS: Frontal headache and sinusitis (often effective with 'Extra' point Yintang); vertigo; eye diseases and pains; excessive tears; opacity of cornea and conjunctiva; sneezing.

NEEDLE: (1) 2 to 5 Fen [15] subcutaneously downward (nose);
(2) 3 Fen to 1 Pouce subcutaneously [15] outwards
along skin of eyebrow (laterally);
(3) [Bleed].

MOXA: FORBIDDEN

B1-10 "T'ien-Chu" (Celestial Pillar)

INDICATIONS: Headaches; occipital headaches and neuralgias; neck stiffness, pain and rigidity; cervical syndrome; nasal problems and inflammations, ie. rhinocleisis, epistaxis, weakening sense of smell; eye disorders and inflammations; excessive lacrimation; vertigo; shoulder spasms and pain; neurasthenia; insomnia; lowers blood pressure; general point for parasympathetic nervous system.

NEEDLE: 3 Fen to 1 Pouce [Caution regarding depth!]

MOXA: 3 to 7 minutes [Contra-indicated in hypertension.]

B1-11 "Ta-Chu" (Great Slaughter)

INDICATIONS: Coughs; bronchitis; fever; headache; epilepsy; mental disturbances with stiffening of extremities; bone diseases; shoulder and back pains and aches; pleurisy; neck stiffness; arthritis of knee; goiter disease (often with B1-10).

NEEDLE 3 to 5 Fen [90]

MOXA: 5 to 15 minutes.

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED . . .

B1-12 "Fung-Men" (Windy Door)

INDICATIONS: Common cold; bronchitis; coughs; pleurisy; influenza; whooping cough; pneumonia; asthma; fever; headache; torticollis; sinusitis; stopped-up nose.

NEEDLE: 3 to 5 Fen [90] [Caution on direction and depth!]

MOXA: 3 to 15 minutes.

B1-13 "Fei-Shu" (Lung Locus)

INDICATIONS: Cough; dyspnea; pneumonia; pulmonary tuberculosis; general pulmonary (lung) disorders; asthma; vomiting; bronchitis.

NEEDLE: 3 to 5 Fen [90] [Caution on direction and depth!]

MOXA: 5 to 15 minutes.

B1-14 "Ch'Ueh-Yin-Shu" (Envelope of Heart Locus)

INDICATIONS: Coughing; heart pains; pericarditis; general pericardium disorders; sensations of fullness or pressure in chest; vomiting; neurasthenia; hiccup; toothache.

NEEDLE: 3 to 5 Fen [90]

MOXA: 5 to 15 minutes.

B1-15 "Hsin-Shu" (Heart Locus)

INDICATIONS: General cardiac disorders, angina pectoris, palpitations, tachycardia, arrhythmia, myocarditis; epilepsy; insomnia; vomiting and vomiting blood; schizophrenia; forgetfulness, neurasthenia, emotional depression, fear, anxiety and 'stage-fright'; epistaxis.

NEEDLE: 3 to 5 Fen [90] [Caution on depth, location and

MOXA: 5 to 10 minutes. direction!]

NOTE: Needle with extreme caution as to proper therapeutic usage (application) of this point.

B1-17 "Ke-Shu" (Diaphragm Locus)

INDICATIONS: Diaphragm disorders, paralysis and spasms; all types of hemorrhagic disorders; a main point for all blood diseases and conditions; anemia; heart and circulation illnesses; pleurisy; asthma; constriction of esophagus; coughing; vomiting, hiccups; gastritis; enteritis; urticaria; night sweats; pain and aches of back; pericarditis; proven point to increase breathing capacity, respiratory therapy.

NEEDLE AND MOXA: See next page.

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED . . .

B1-17 Continued from previous page

NEEDLE: 3 to 5 Fen [90] [Caution on depth, location and direction!]
MOXA: 5 to 15 minutes.

B1-18 "Kan-Shu" (Liver Locus)

INDICATIONS: Liver diseases and disorders; infectious hepatitis; jaundice; stomach disorders, gastric dilatation; intercostal neuralgia and general rib pains; pains in the back; hemoptysis (spitting of blood); eye diseases; psychological disorders.

NEEDLE: 3 to 5 Fen [90] [Extra caution on depth and direction!]
MOXA: 5 to 12 minutes.

NOTE: Not to be needled erroneously!

B1-19 "Tan-Shu" (Gallbladder Locus)

INDICATIONS: Gall Bladder illnesses (often with GB-23 and GB-24); cholecystitis; dryness and/or bitter taste in mouth; infectious hepatitis; jaundice; vomiting; rib pain and backache; eye disorders; headache.

NEEDLE: 3 to 5 Fen [90] [Caution of depth and direction!]
MOXA: 5 to 15 minutes.

NOTE: Not to be needled erroneously!

B1-20 "P'i-Shu" (Spleen Locus)

INDICATIONS: Gastric pain and spasms; gastritis; indigestion; enteritis; diarrhea; dysentery; vomiting; anemia; jaundice; spleen and pancreas disorders; diabetes; edema; backache; abdominal distention; dyspnea.

NEEDLE: 3 to 5 Fen [90] [Caution of depth and direction!]
MOXA: 5 to 20 minutes.

NOTE: Not to be needled erroneously!

B1-21 "Wei-Shu" (Stomach Locus)

INDICATIONS: All stomach illnesses; gastritis; gastralgia; gastric ulcers; dyspepsia; indigestion; gastroptosis; gastric spasms and dilatation; borborygmus (rumblings); cholera; vomiting and vomiting of milk in children; diarrhea; colitis; backache.

NEEDLE: 3 to 5 Fen [90] [Caution of depth and direction!]
MOXA: 5 to 20 minutes.

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED . . .

B1-22 "San-Chiao-Shu" (Triple Burner Locus)

INDICATIONS: Digestive illnesses; gastralgia; dyspepsia; anorexia (loss of appetite); enteritis; nephritis; incontinence of urine (enuresis); lumbago; general energetical obstructions of organs and viscera; supplements treatment of respiration, digestion and urogenital organs.

NEEDLE: 5 Fen to 1 Pouce [90]

MOXA: 5 to 20 minutes.

B1-23 "Shen-Shu" (Kidney Locus)

INDICATIONS: Kidney disorders; nephritis; incontinence of urine and diseases of urinary system; irregular and disturbed menstruation; dysmenorrhea; impotence; nocturnal emissions; spermatorrhea; diarrhea; lumbago; neurasthenia and exhaustion; deafness, tinnitus; diabetes.

NEEDLE: 5 Fen to 1 Pouce 5 Fen [90] [Avoid in pregnancy!]

MOXA: 5 to 20 minutes.

CAUTION: Needling outward (laterally) forbidden!

B1-25 "Ta-Ch'ang-Shu" (Large Intestine Locus)

INDICATIONS: Lumbago and sprains of lumbar region; sciatica; diarrhea; dysentery; constipation and anuria; enteritis; general intestinal disorders.

NEEDLE: 8 Fen to 1 Pouce 5 Fen [90]

MOXA: 5 to 20 minutes

B1-27 "Hsiao-Ch'ang-Shu" (Small Intestine Locus)

INDICATIONS: Lumbago; hip pain; enteritis; hematuria; general intestinal disorders and pains; diarrhea; constipation; dysentery; ischialgia; urinary problems; hemorrhoids.

NEEDLE: 4 Fen to 1 Pouce [90], (or towards B1-25).

MOXA: 5 to 20 minutes.

B1-28 "P'ang-Kuang-Shu" (Bladder Locus)

INDICATIONS: Retention of urine, enuresis, and diseases of urinary system; general bladder disorders; cystitis; constipation; diabetes; lumbago and lumbo-sacral pain; sciatica; diarrhea.

NEEDLE: 4 Fen to 1 Pouce 2 Fen [90]

MOXA: 5 to 20 minutes.

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED . . .

B1-32 "T'ze-Liao" (Secondary Bone)

INDICATIONS: Urinary and genital disorders; menstrual cycle disturbances, irregular menstruation; dysuresis; sterility; leukorrhea; orchitis; constipation with anuria; lumbago and low back pain; sciatica; inflammation of uterus, ovaries and urethra; induce early labor in child birth.

NEEDLE: 8 Fen to 2 Pouce [90] [Best avoid in pregnancy!]

MOXA: 5 to 15 minutes.

B1-37 "Yin-Men" (Great Gate)

INDICATIONS: Sciatica; general back pain; pain and paralysis of lower extremities; lumbago; pain and stiffness of the vertebral column.

NEEDLE: 1 Pouce to 2 Pouce 5 Fen

MOXA: FORBIDDEN

B1-40 "Wei-Chung" (Commanding Median)

INDICATIONS: Sciatica; paralysis, pain and spasms of the lower limbs; lumbago, back and low back pain; hemiplegia; arthritis, stiffness and pains of knee; fever; heat-stroke; syncope; colic, vomiting and diarrhea; apoplexy; skin diseases; metabolic disorders.

NEEDLE: 5 Fen to 1 Pouce 5 Fen [90], or [Bleed]

MOXA: Absolutely FORBIDDEN.

B1-43 "Kao-Mang" (Vital Center)

INDICATIONS: Bronchitis; pleurisy; pulmonary tuberculosis; coughing fits; anemia; nocturnal emissions and spermatorrhea; neurasthenia; hiccup; asthma; shoulder pain; vomiting and vomiting of blood; loss of memory; general body tonification point for weakness after illness, etc.; special effects on all chronic ailments; increase defence energy (resistance).

NEEDLE: 3 to 5 Fen [90 or 45]

MOXA: 7 to 20 minutes.

NOTE: It is traditional that action on this point be followed by action on St-36 as well.

CAUTION: Danger of patient collapse on needling!

POINTS OF MAJOR & SECONDARY THERAPEUTIC IMPORTANCE, CONTINUED . . .

B1-57 "Ch'eng-Shan" (Supporting Hill)

INDICATIONS: Sciatica; lumbago and low back pain; paralysis of lower extremities; pain in sole of foot; prolapse of rectum; hemorrhoids; constipation; spasm of gastrocnemius muscle and thigh; leg and calf cramps, pains; loss of appetite; general point for physical traumas.

NEEDLE: 7 Fen to 2 Pouce [90]

NOTE: Be careful of location and maximum needle depth!

MOXA: 5 to 15 minutes.

B1-60 "K'un-Lun" (K'un-Lun Mountains)

INDICATIONS: Paralysis of lower extremities; lumbago, back pain, lumbar neuralgia; sciatica; disorder of ankle joint and its surrounding soft tissue; arthritis, sprains, pain and edema of ankle; gastrocnemius muscle cramp; shoulder spasms; heel pain; headaches; stiff neck and neck pains; vertigo; epistaxis; epilepsy and childrens convulsions; retention of placenta; dysmenorrhea; sterility; difficult childbirth; relaxing of muscle cramps; point for general pains [often with LI-4 (Ho-Ku)].

NEEDLE: (1) 5 Fen to 1 Pouce [90]
(2) or through to Ki-3.

NOTE: NEEDLE FORBIDDEN IN NORMAL PREGNANCY.

MOXA: 3 to 12 minutes.

B1-67 "Chih-Yin" (Extreme Yin)

INDICATIONS: Malposition of fetus; difficult childbirth; headache; eye pains and disorders; blocked or congested nose; physical and mental exhaustion; general point for light pain.

NEEDLE: 1 to 3 Fen [90 or 45] [Bleed only if necessary!]

MOXA: 5 to 15 minutes (highly recommended).

CAUTION: Needle forbidden in pregnancy. Possibility of patient collapse upon needling, especially if standing.

g. The Urinary Bladder Channel of Foot-Taiyang

Course: This channel commences from the inner canthus (Jingming, U.B. 1), ascends to the forehead and joins its symmetrical channel at the vertex (Baihui, Du 20), where a branch splits off running to the temple. The original channel enters into and communicates with the brain from the vertex, then re-emerges, bifurcating at the back of the neck and running downward along the medial side of the scapula, then parallel to the vertebral column to the lumbar region where it enters the body cavity through the paravertebral muscles, communicating with the kidney and finally joining its pertaining organ, the urinary bladder. (See Fig. 14.)

The Branch of the Lumbar Region descends through the gluteal region and ends in the popliteal fossa.

The Branch of the Neck emerges from the original channel at the back of the neck from where it runs straight downward along the medial side of the scapula and passes through the gluteal region (Huantiao, G.B. 30) and along the lateral side of the thigh where it meets the branch descending from the lumbar region in the popliteal fossa. From there it runs continuously downward to the leg, then to the posterior aspect of the external malleolus along the 5th metatarsal bone and through its tuberosity to the lateral side of the tip of the small toe (Zhiyin, U.B. 67), finally connecting with the Kidney Channel of Foot-Shaoyin. (See Fig. 14.)

Pathological Symptoms: Retention of urine, enuresis, mania, headache, eye diseases, pain along the course of this channel such as in the back, neck, lumbar region and lower extremities.

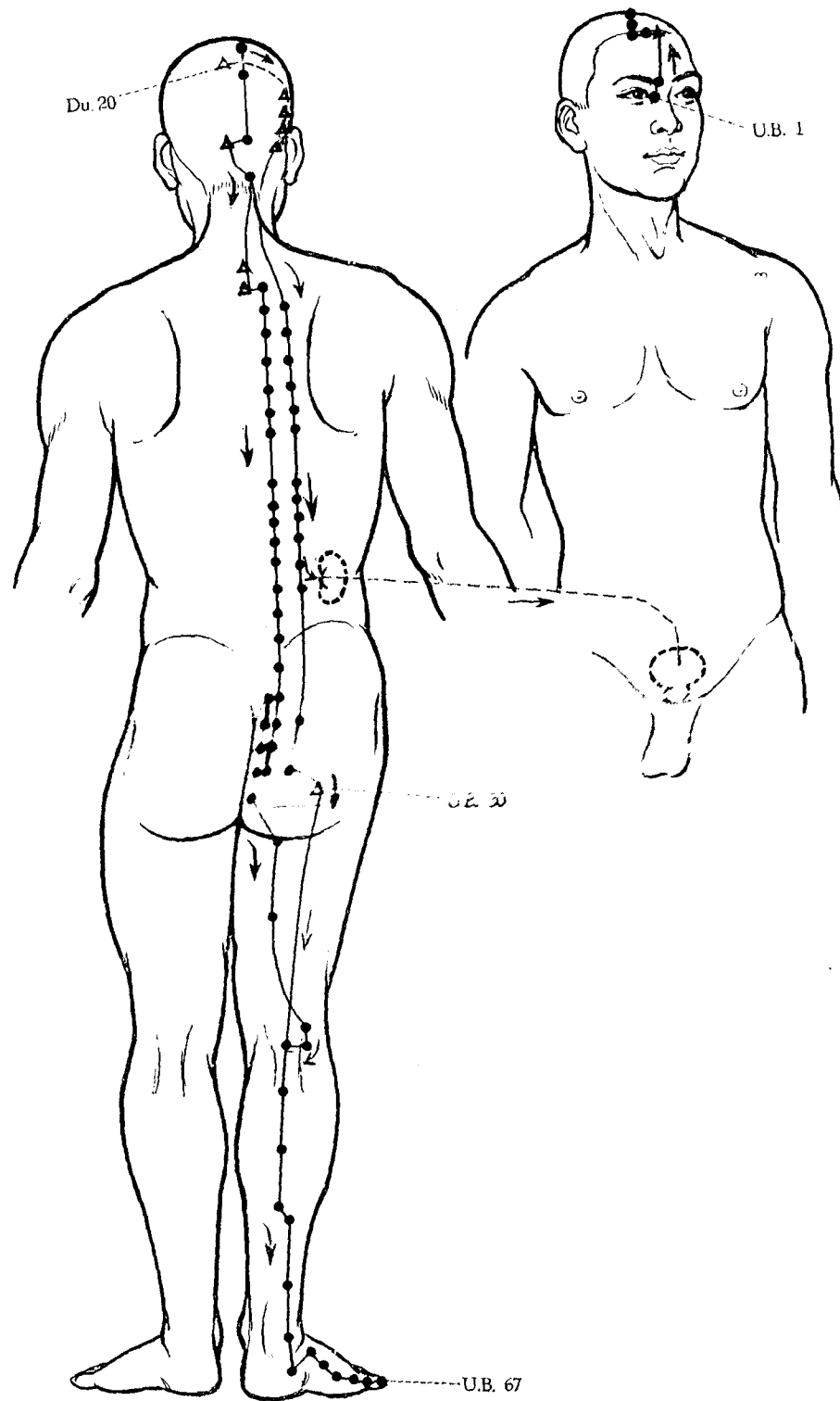


Fig. 14. The Urinary Bladder Channel of Foot-Taiyang

(7) THE URINARY BLADDER CHANNEL OF FOOT-TAIYANG

— 67 Points —

1. Jingming (U.B. 1):

Location: 0.1 cun lateral and superior to the inner canthus, near the medial orbital border. (See Fig. 45.)

Indications: Eye diseases, facial paralysis.

Puncture: Perpendicularly 0.5-1.0 inch along the orbital wall. Insert needle slowly without manipulating it. Or puncture superficially 0.2-0.3 inch.

2. Zanzhu (U.B. 2):

Location: In the depression proximal to the medial end of the eyebrow, directly above inner canthus. (See Fig. 45.)

Indications: Headache, eye diseases, facial paralysis.

Puncture: 0.3-0.5 inch horizontally subcutaneously, downward or laterally.

3. Meichong (U.B. 3):

Location: Directly above Zanzhu (U.B. 2), 0.5 cun inside the hairline.

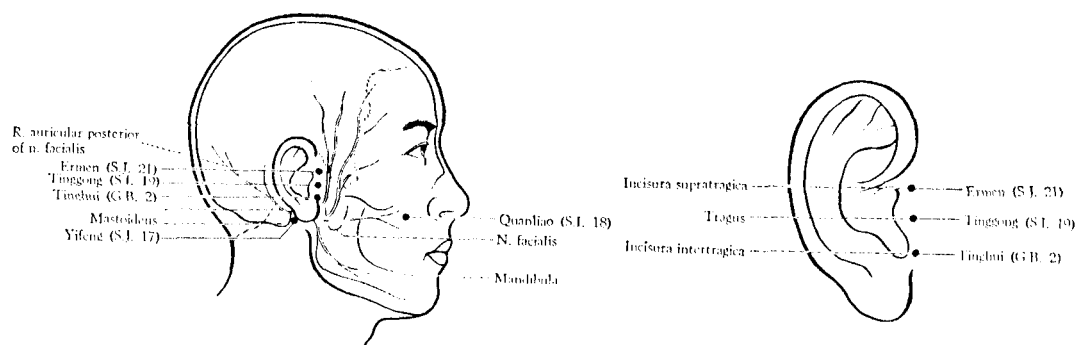


Fig. 69

Indications: Headache, lacrimation, redness and swelling of eye, blurring of vision, leucoma.

Puncture: Obliquely 0.3-0.5 inch.

4. Quchai (U.B. 4):

Location: 1.5 cun lateral to Shenting (Du 24) 0.5 cun inside the hairline.

Indications: Frontal headache, nasal obstruction, epistaxis.

Puncture: Obliquely 0.3-0.5 inch.

5. Wuchu (U.B. 5):

Location: 0.5 cun above Quchai (U.B. 4).

Indications: Headache, epilepsy.

Puncture: Obliquely 0.3-0.5 inch.

6. Chengguang (U.B. 6):

Location: 1.5 cun posterior to Wuchu (U.B. 5).

Indications: Headache, dizziness, leucoma, common cold.

Puncture: Obliquely 0.3-0.5 inch.

7. Tongtian (U.B. 7):

Location: 1.5 cun posterior to Chengguang (U.B. 6).

Indications: Vertical headache, sinusitis, rhinitis.

Puncture: Obliquely 0.3-0.5 inch.

8. Luoque (U.B. 8):

Location: 1.5 cun posterior to Tongtian (U.B. 7).

Indications: Rhinitis, epistaxis, vertical headache, chronic bronchitis.

Puncture: Obliquely 0.3-0.5 inch.

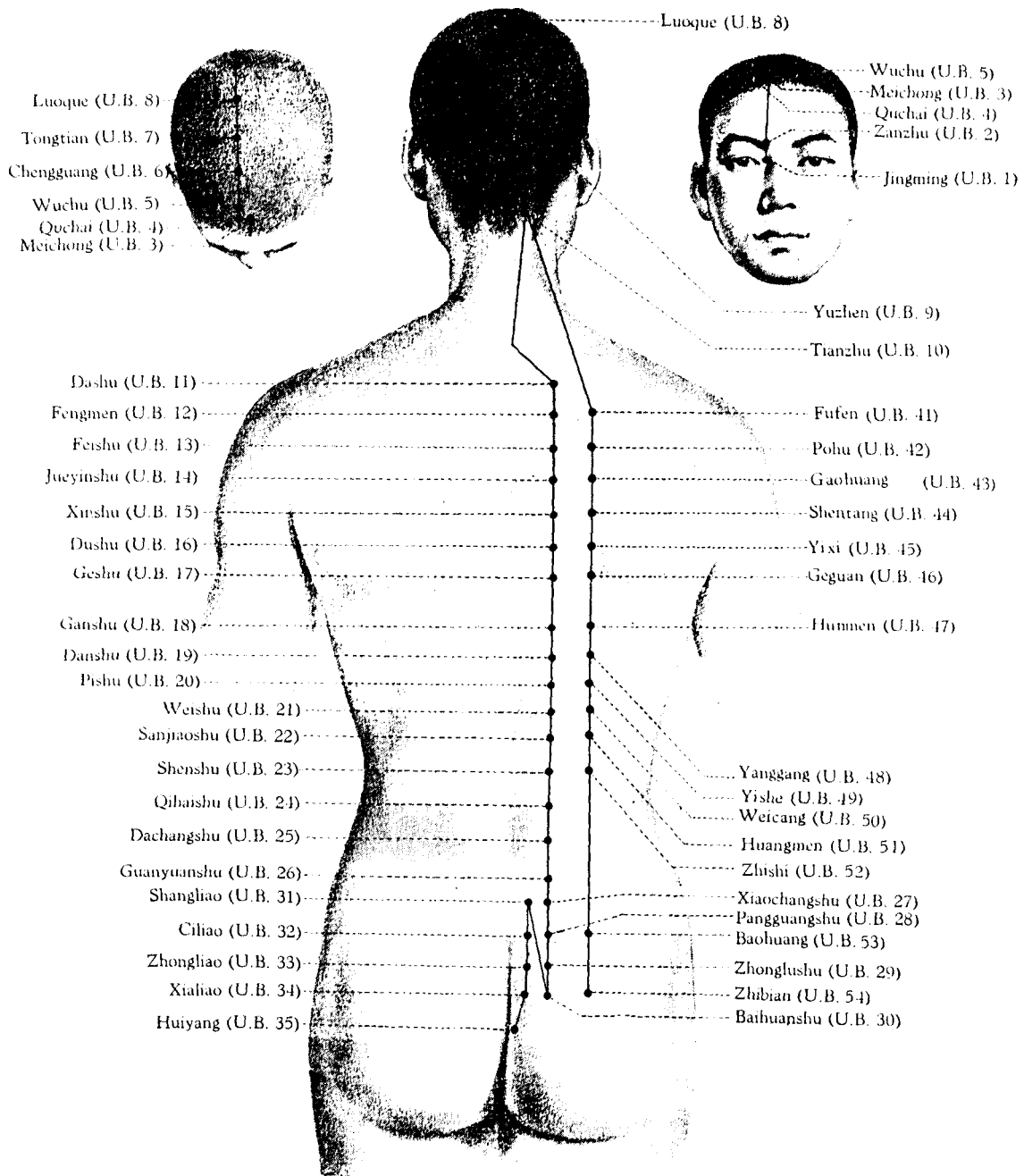


Fig. 70a. The Urinary Bladder Channel of Foot-Taiyang

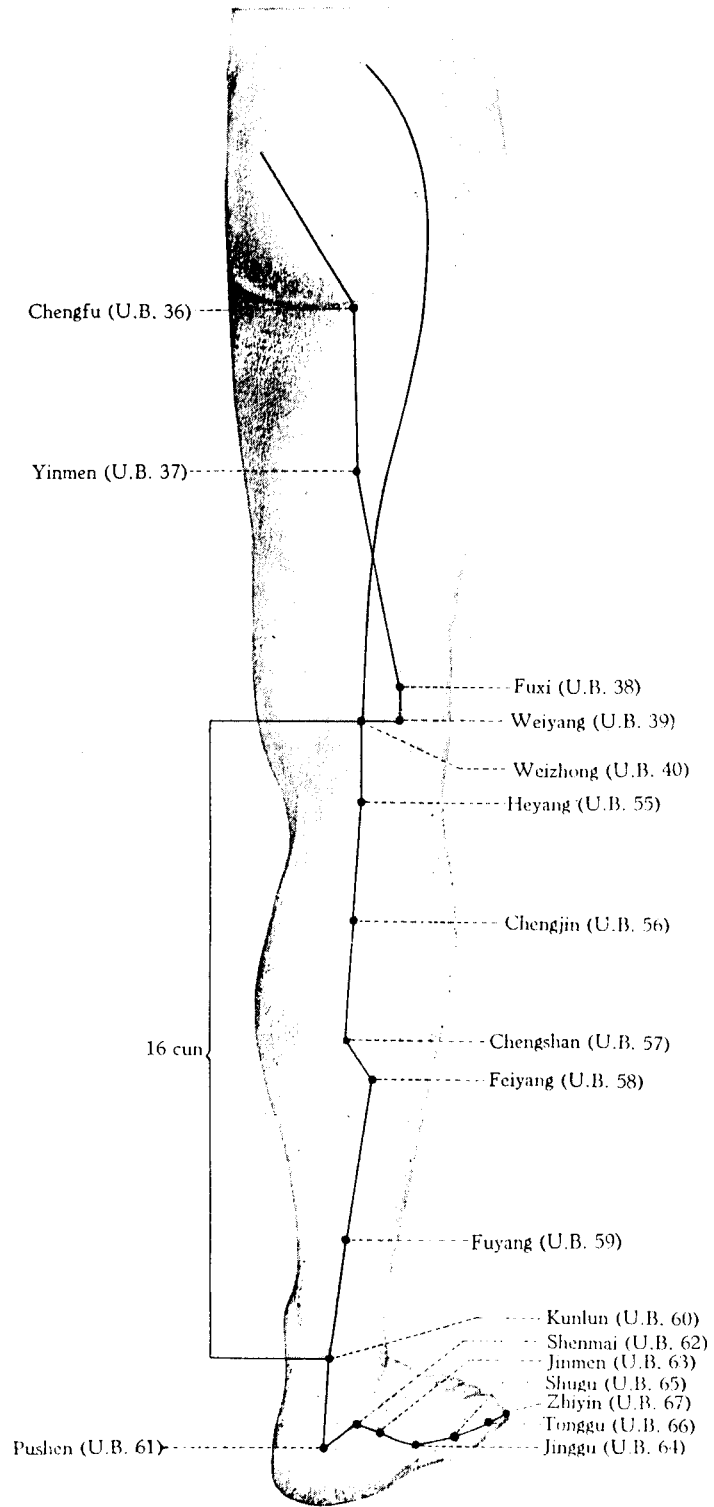


Fig. 70b. The Urinary Bladder Channel of Foot-Taiyang

9. Yuzhen (U.B. 9):

Location: On the lateral side of the superior border of the external occipital protuberance, 1.3 cun lateral to Naohu (Du 17).

Indications: Dizziness, vertical headache, myopia.

Puncture: Obliquely 0.3-0.5 inch.

10. Tianzhu (U.B. 10):

Location: 1.3 cun lateral to Yamen (Du 15) on the lateral side of m. trapezius. (See Fig. 90.)

Indications: Occipital headache, stiffness and rigidity of neck, insomnia, pharyngitis.

Puncture: Perpendicularly 0.5-1.0 inch.

11. Dashu (U.B. 11):

Location: 1.5 cun lateral to lower border of the spinous process of the 1st thoracic vertebra. (See Fig. 71.)

Indications: Cough, fever, aching of the shoulder joint.

Puncture: Perpendicularly 0.3-0.5 inch.

12. Fengmen (U.B. 12):

Location: 1.5 cun lateral to the lower border of the spinous process of the 2nd thoracic vertebra. (See Fig. 71.)

Indications: Common cold, bronchitis, urticaria.

Puncture: Perpendicularly 0.3-0.5 inch.

13. Feishu (U.B. 13):

Location: 1.5 cun lateral to the lower border of the spinous process of the 3rd thoracic vertebra. (See Fig. 71.)

Indications: Cough, dyspnea, pulmonary tuberculosis, pneumonia, lesion of the soft tissue of the back.

Puncture: Perpendicularly 0.3-0.5 inch.

14. Jueyinshu (U.B. 14):

Location: 1.5 cun lateral to the lower border of the spinous process of the 4th thoracic vertebra.

Indications: Neurasthenia, fullness of chest, thoracalgia, vertical headache, pericarditis, hiccough.

Puncture: Perpendicularly 0.3-0.5 inch.

15. Xinshu (U.B. 15):

Location: 1.5 cun lateral to the lower border of the spinous process of the 5th thoracic vertebra. (See Fig. 71.)

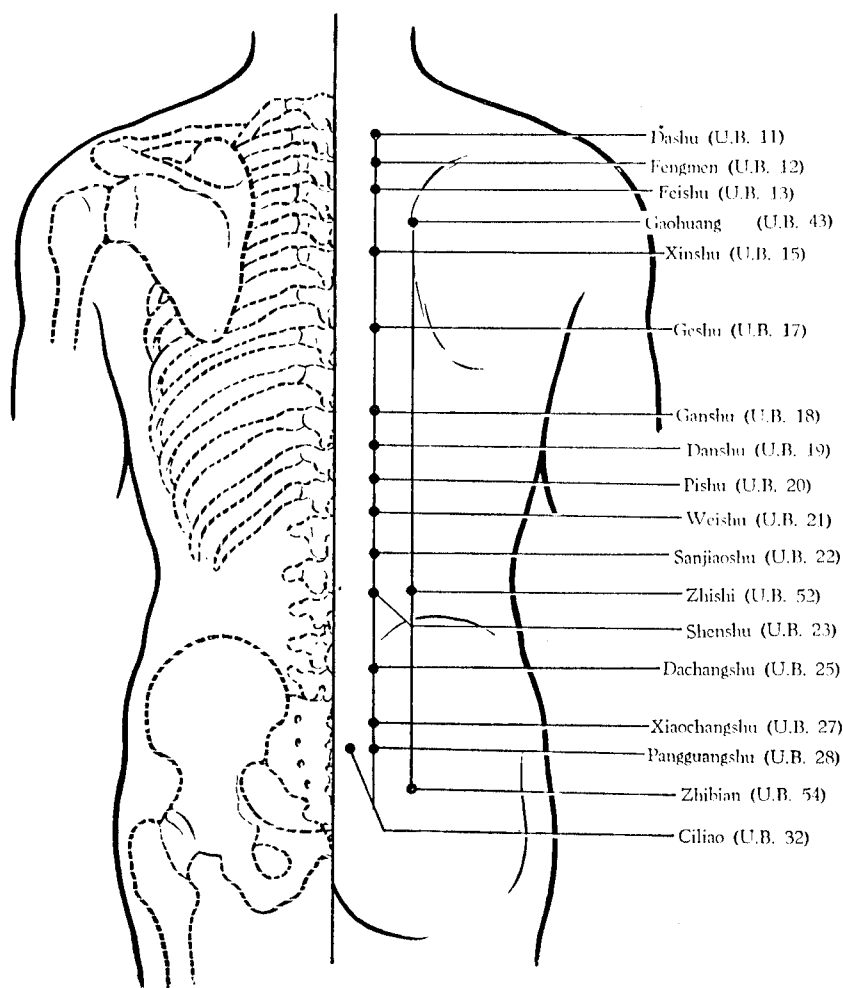


Fig. 71

Indications: Neurasthenia, cardiac diseases, epilepsy, schizophrenia.

Puncture: Perpendicularly 0.3-0.5 inch.

16. Dushu (U.B. 16):

Location: 1.5 cun lateral to the lower border of the spinous process of the 6th thoracic vertebra.

Indications: Endocarditis, borborygmus, abdominal pain, hiccough, falling of hair, pruritus of skin.

Puncture: Perpendicularly 0.3-0.5 inch.

17. Geshu (U.B. 17):

Location: 1.5 cun lateral to the lower border of the spinous process of the 7th thoracic vertebra. (See Fig. 71.)

Indications: Chronic hemorrhagic diseases, anemia, hiccough, neurotic nausea and vomiting, pain in the back, paralysis of diaphragm muscle, urticaria.

Puncture: Perpendicularly 0.3-0.5 inch.

18. Ganshu (U.B. 18):

Location: 1.5 cun lateral to the lower border of the spinous process of the 9th thoracic vertebra. (See Fig. 71.)

Indications: Infective hepatitis, hepatomegaly, cholecystitis, back pain, schizophrenia, dream-disturbed sleep, chronic eye diseases.

Puncture: Perpendicularly 0.3-0.5 inch.

19. Danshu (U.B. 19):

Location: 1.5 cun lateral to the lower border of the spinous process of the 10th thoracic vertebra. (See Fig. 71.)

Indications: Infective hepatitis, cholecystitis, back pain.

Puncture: Perpendicularly 0.3-0.5 inch.

20. Pishu (U.B. 20):

Location: 1.5 cun lateral to the lower border of the spinous process of the 11th thoracic vertebra. (See Fig. 71.)

Indications: Gastric pain, gastric ulcer, dyspepsia, chronic diarrhea, hepatitis, malaria, chronic hemorrhagic diseases, edema, paralysis of m. abdominis.

Puncture: Perpendicularly 0.3-0.5 inch.

21. Weishu (U.B. 21):

Location: 1.5 cun lateral to the lower border of the spinous process of the 12th thoracic vertebra. (See Fig. 71.)

Indications: Gastralgia, gastric ulcer, dyspepsia, nausea and vomiting, gastroptosis, chronic diarrhea, paralysis of m. abdominis.

Puncture: Perpendicularly 0.3-0.5 inch.

22. Sanjiaoshu (U.B. 22):

Location: 1.5 cun lateral to the lower border of the spinous process of the 1st lumbar vertebra. (See Fig. 71.)

Indications: Gastralgia, dyspepsia, enteritis, nephritis, neurasthenia, lumbago, enuresis.

Puncture: Perpendicularly 0.5-1.0 inch.

3. Shenshu (U.B. 23):

Location: 1.5 cun lateral to the lower border of the spinous process of the 2nd lumbar vertebra. (See Fig. 71.)

Indications: Nephritis, enuresis, nocturnal emission, impotence, irregular menstruation, chronic diarrhea, lumbago, deafness, tinnitus.

Puncture: Perpendicularly 1.0-1.5 inches.

4. Qihai (U.B. 24):

Location: 1.5 cun lateral to the lower border of the spinous process of the 3rd lumbar vertebra.

Indications: Lumbago, hemorrhoids.

Puncture: Perpendicularly 1.0-1.5 inches.

5. Dachangshu (U.B. 25):

Location: 1.5 cun lateral to the lower border of the spinous process of the 4th lumbar vertebra. (See Fig. 72.)

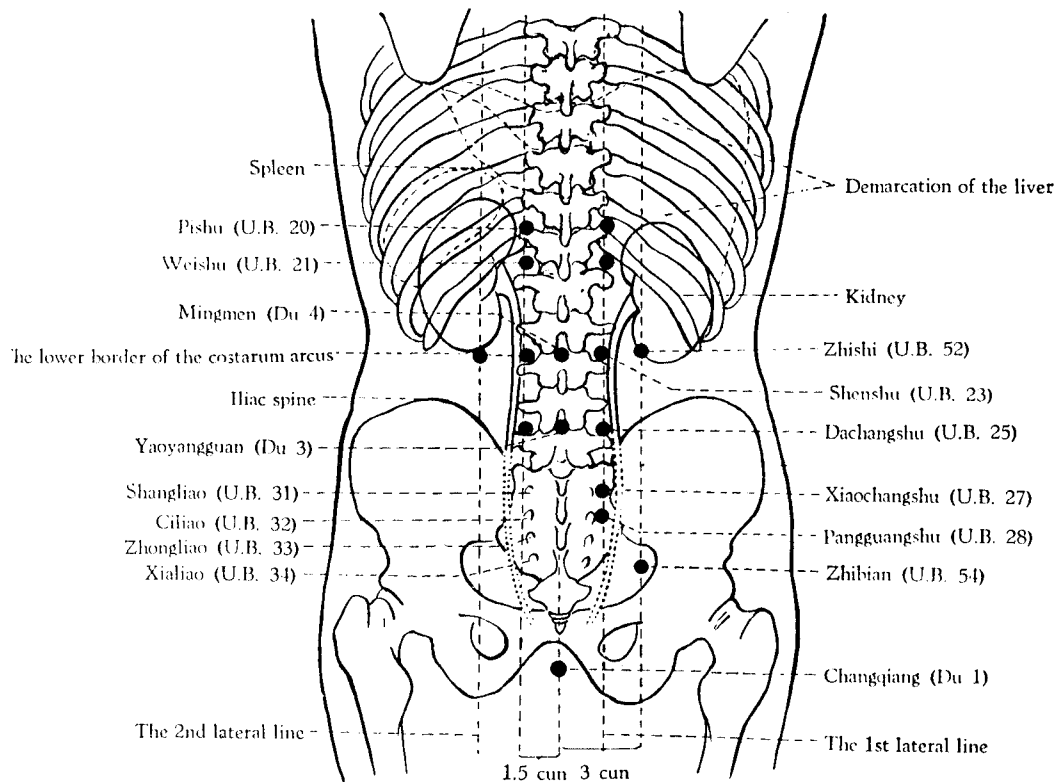


Fig. 72. The Relationship Between the Main Points of the Lumbo-Sacral Region and the Viscera

Indications: Lumbago, sprain of the lumbar region, diarrhea, dysentery, constipation, sciatica, paralysis of lower extremities.

Puncture: Perpendicularly 1.0-1.5 inches.

26. Guanyuanshu (U.B. 26):

Location: 1.5 cun lateral to the lower border of the spinous process of the 5th lumbar vertebra.

Indications: Lumbago, diarrhea, urogenital diseases.

Puncture: Perpendicularly 1.0-1.5 inches.

27. Xiaochangshu (U.B. 27):

Location: 1.5 cun lateral to the midline of back, level to the 1st posterior sacral foramen, in the depression between the medial border of the posterior superior iliac spine and the sacrum. (See Fig. 71.)

Indications: Lumbago, pain in the lumbo-sacral region, disorder of the ilio-sacral joint, enteritis, hematuria, leukorrhea.

Puncture: Perpendicularly 0.5-1.0 inch.

28. Panguangshu (U.B. 28):

Location: Level with 2nd posterior sacral foramen, 1.5 cun lateral to Du Mai, in the depression between the lower medial border of the posterior superior iliac spine and the sacrum. (See Fig. 71.)

Indications: Retention of urine, enuresis, pain in the lumbo-sacral region.

Puncture: Perpendicularly 0.5-1.0 inch.

29. Zhonglushu (U.B. 29):

Location: At the level of the 3rd posterior sacral foramen, 1.5 cun lateral to back midline.

Indications: Enteritis, pain in the lumbo-sacral region, sciatica.

Puncture: Perpendicularly 1.0-1.5 inches.

30. Baihuanshu (U.B. 30):

Location: At the level of the 4th posterior sacral foramen, 1.5 cun lateral to back midline.

Indications: Sciatica, sacral neuralgia, endometritis, spermatorrhea, leukorrhea, hernia.

Puncture: Perpendicularly 0.5-1.5 inches.

31. Shangliao (U.B. 31):

Location: In the 1st posterior sacral foramen, about midway between the posterior superior iliac spine and the Du Channel. (See Fig. 73.)

Indications: Orchitis, irregular menstruation, dysuresis and other urogenital diseases, lumbago, sciatica, hemorrhoids, neurasthenia.

Puncture: Perpendicularly 1.0-1.5 inches. .

32. Ciliao (U.B. 32):

Location: In the 2nd posterior sacral foramen, about midway between the inferior aspect of the posterior superior iliac spine and the Du Channel. (See Fig. 73.)

Indications: Same as Shangliao (U.B. 31).

Puncture: Same as Shangliao (U.B. 31).

33. Zhongliao (U.B. 33):

Location: In the 3rd posterior sacral foramen, midway between Zhonglushu (U.B. 29) and the Du Channel. (See Fig. 73.)

Indications: Same as Shangliao (U.B. 31).

Puncture: Same as Shangliao (U.B. 31).

34. Xialiao (U.B. 34):

Location: In the 4th posterior sacral foramen, midway between Baihuanshu (U.B. 30) and the Du Channel. (See Fig. 73.)

Indications: Same as Shangliao (U.B. 31).

Puncture: Same as Shangliao (U.B. 31).

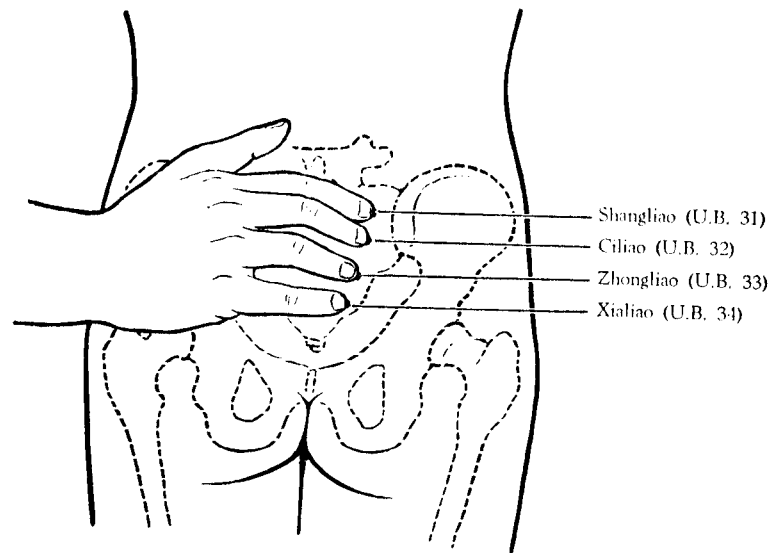


Fig. 73

Note: In locating the above 4 points (U.B. 31, 32, 33, 34) place the tip of the index finger mid-way between Xiaochangshu (U.B. 27) and mid-point of the spinal column with the small finger on the sacral prominence, place the middle finger and ring finger equidistant to each other. The spot of contact of the index finger is Pt. Shangliao (the upper sacral foramen), the spot under the tip of the middle finger is Pt. Ciliao (the 2nd sacral foramen) and that under the ring finger is Pt. Zhongliao (the 3rd sacral foramen), while Pt. Xialiao (the 4th sacral foramen) is under the small finger. (See Fig. 73.)

35. Huiyang (U.B. 35):

Location: Lateral to the lower end of the coccyx, 0.5 cun lateral to midline.

Indications: Back pain during menstruation, leukorrhea, impotence, diarrhea, hemorrhoids.

Puncture: Perpendicularly 1.0-1.5 inches.

36. Chengfu (U.B. 36):

Location: Midpoint of the gluteal fold. (See Fig. 74.)

Indications: Sciatica, paralysis of lower extremities, hemorrhoids.

Puncture: Perpendicularly 1.5-2.0 inches.

37. Yinmen (U.B. 37):

Location: On a line connecting the midpoints of the gluteal transverse crease and the popliteal transverse crease, 6 cun below the former. (See Fig. 74.)

Indications: Sciatica, back pain, paralysis of lower extremities.

Puncture: Perpendicularly 1.0-2.0 inches. The sensation may radiate to the foot.

38. Fuxi (U.B. 38):

Location: 1 cun above Weiyang (U.B. 39).

Indications: Cystitis, constipation, dysuresis, paralysis of lateral aspect of lower extremities.

Puncture: Perpendicularly 1.0-1.5 inches.

39. Weiyang (U.B. 39):

Location: On the lateral end of the popliteal crease, lateral to Weizhong (U.B. 40), on the medial side of the tendon of m. biceps femoris.

Indications: Spasm of the gastrocnemius, back pain.

Puncture: Perpendicularly 0.5-1.0 inch.

40. Weizhong (U.B. 40):

Location: Exact midpoint of the popliteal transverse crease. (See Fig. 74.)

Indications: Sciatica, back pain, paralysis of lower extremities, disorder of the femoral joint and its surrounding soft tissue, heat stroke.

Puncture: Perpendicularly 0.8-1.5 inches, or prick with cutting needle on the vein and let out blood.

41. Fufen (U.B. 41):

Location: 3 cun lateral to the lower border of the spinous process of the 2nd thoracic vertebra.

Indications: Intercostal neuralgia, numbness of elbow and arm.

Puncture: Obliquely 0.3-0.5 inch.

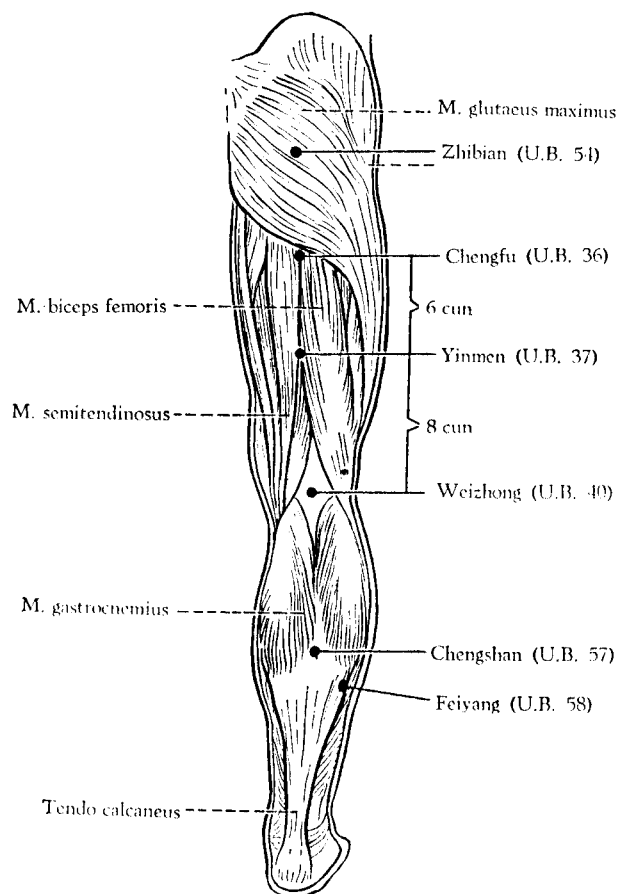


Fig. 74

42. Pohu (U.B. 42):

Location: 3 cun lateral to the lower border of the spinous process of the 3rd thoracic vertebra.

Indications: Bronchitis, asthma, pleuritis, vomiting, shoulder pain, pulmonary tuberculosis.

Puncture: Perpendicularly 0.3-0.5 inch.

43. Gaohuang (U.B. 43):

Location: 3 cun lateral to the lower border of the spinous process of the 4th thoracic vertebra.

Indications: Pulmonary tuberculosis, bronchitis, pleuritis, neurasthenia, general weakness.

Puncture: Perpendicularly 0.3-0.5 inch.

44. Shentang (U.B. 44):

Location: 3 cun lateral to the lower border of the spinous process of the 5th thoracic vertebra.

Indications: Cardiac diseases, bronchitis, asthma, shoulder and back pain.

Puncture: Perpendicularly 0.3-0.5 inch.

45. Yixi (U.B. 45):

Location: 3 cun lateral to the lower border of the spinous process of the 6th thoracic vertebra.

Indications: Pericarditis, intercostal neuralgia, hiccough, vomiting, dizziness and vertigo, asthma.

Puncture: Perpendicularly 0.3-0.5 inch.

46. Geguan (U.B. 46):

Location: 3 cun lateral to the lower border of the spinous process of the 7th thoracic vertebra.

Indications: Intercostal neuralgia, vomiting, hiccough, pain in the spinal column.

Puncture: Perpendicularly 0.3-0.5 inch.

47. Hunmen (U.B. 47):

Location: 3 cun lateral to the lower border of the spinous process of the 9th thoracic vertebra.

Indications: Liver diseases, pleuritis, endocarditis, gastralgia, dyspepsia.

Puncture: Perpendicularly 0.3-0.5 inch.

48. Yanggang (U.B. 48):

Location: 3 cun lateral to the lower border of the spinous process of the 10th thoracic vertebra.

Indications: Diarrhea, borborygmus, abdominal pain, jaundice.

Puncture: Perpendicularly 0.3-0.5 inch.

49. Yishe (U.B. 49):

Location: 3 cun lateral to the lower border of the spinous process of the 11th thoracic vertebra.

Indications: Back pain, abdominal distention, dyspepsia, liver diseases, vomiting.

Puncture: Perpendicularly 0.3-0.5 inch.

50. Weicang (U.B. 50):

Location: 3 cun lateral to the lower border of the spinous process of the 12th thoracic vertebra.

Indications: Gastralgia, vomiting, abdominal distention, constipation, pain in the spinal column.

Puncture: Perpendicularly 0.3-0.5 inch.

51. Huangmen (U.B. 51):

Location: 3 cun lateral to the lower border of the spinous process of the 1st lumbar vertebra.

Indications: Upper abdominal pain, constipation, mastitis, hepatomegaly, splenomegaly.

Puncture: Perpendicularly 0.8-1.0 inch.

52. Zhishi (U.B. 52):

Location: 3 cun lateral to the lower border of the spinous process of the 2nd sacral vertebra. (See Fig. 71.)

Indications: Spermatorrhea, impotence, dysuresis, edema, stiffness and pain in back and lumbar region.

Puncture: Perpendicularly 1.0-1.5 inches.

53. Baohuang (U.B. 53):

Location: 3 cun lateral to the Du Channel, level to the 2nd posterior sacral foramen.

Indications: Enteritis, abdominal distention, back pain, retention of urine.

Puncture: Perpendicularly 1.0-1.5 inches.

54. Zhibian (U.B. 54):

Location: 3 cun lateral to the Du Channel, level to the 4th posterior sacral foramen. (See Fig. 72.)

Indications: Cystitis, hemorrhoids, sciatica, paralysis and numbness or pain of lower extremities.

Puncture: Perpendicularly 1.5-2.0 inches.

55. Heyang (U.B. 55):

Location: 2 cun directly below Weizhong (U.B. 40), on the line connecting Weizhong with Chengshan (U.B. 57).

Indications: Lumbago and leg pain, paralysis of lower extremities.

Puncture: Perpendicularly 1.0-1.5 inches.

56. Chengjin (U.B. 56):

Location: Midway between Heyang (U.B. 55) and Chengshan (U.B. 57) in the centre of the belly of m. gastrocnemius.

Indications: Leg pain, hemorrhoids, stiffness and pain in back and lumbar region.

Puncture: Perpendicularly 1.0-2.0 inches.

57. Chengshan (U.B. 57):

Location: Midway between Weizhong (U.B. 40) and the heel, on the groove 8 cun below Weizhong. (See Fig. 74.)

Indications: Sciatica, prolapse of rectum, spasm of the m. gastrocnemius, pain in the sole, paralysis of lower extremities.

Puncture: Perpendicularly 1.0-1.5 inches.

58. Feiyang (U.B. 58):

Location: 7 cun directly above Kunlun (U.B. 60), posterior to the external malleolus. (See Fig. 74.)

Indications: Ophthalmalgia, lumbago, leg pain, nephritis, cystitis, weakness in legs.

Puncture: Perpendicularly 1.0-1.5 inches.

59. Fuyang (U.B. 59):

Location: 3 cun above Kunlun (U.B. 60), posterior to external malleolus. (See Fig. 75.)

Indications: Headache, pain in the lumbo-sacral region, pain and swelling of the ankle region.

Puncture: Perpendicularly 0.8-1.0 inch.

60. Kunlun (U.B. 60):

Location: Between the posterior border of the external malleolus and the medial aspect of tendo calcaneus, at the same level as the tip of malleolus. (See Fig. 75.)

Indications: Paralysis of lower extremities, lumbago, sciatica, disorder of the ankle joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.5-0.8 inch.

61. Pushen (U.B. 61):

Location: 1.5 cun inferior to the external malleolus, directly below Kunlun (U.B. 60), posterior to the calcaneum, at the junction of the "red and white" skin. (See Fig. 75.)

Indications: Painful heel, weakness or paralysis of lower extremities.

Puncture: Perpendicularly 0.3-0.5 inch.

62. Shenmai (U.B. 62):

Location: Directly below the tip of the external malleolus, and 0.5 cun lateral to its lower border. (See Fig. 75.)

Indications: Epilepsy, headache, dizziness and vertigo.

Puncture: Perpendicularly 0.3-0.5 inch.

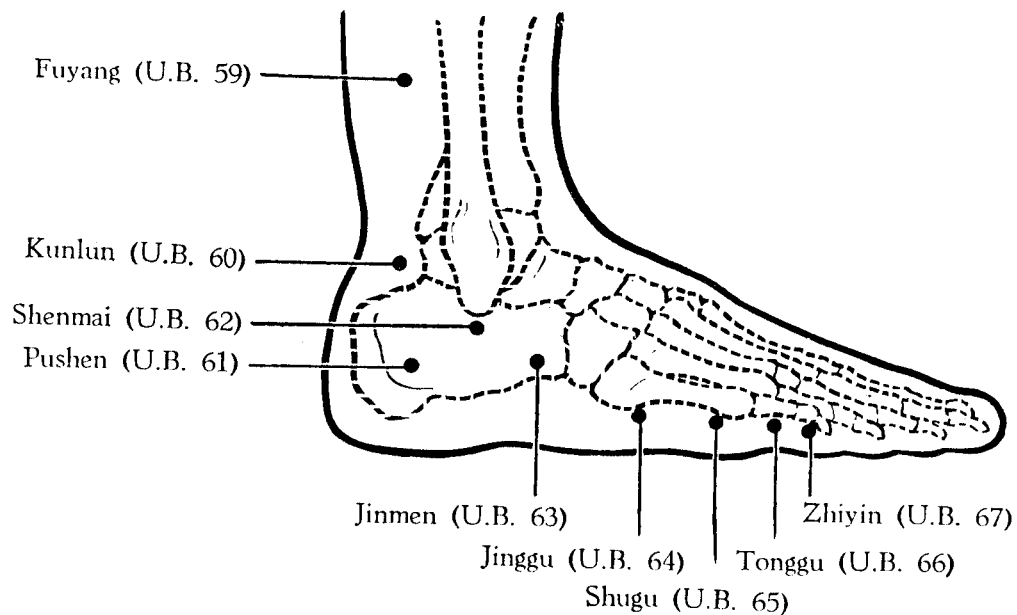


Fig. 75

63. Jinmen (U.B. 63):

Location: Anterior and inferior to Shenmai (U.B. 62), in the depression posterior to the tuberosity of the 5th metatarsal bone. (See Fig. 75.)

Indications: Pain around the ankle joint, lumbago, pain in leg, infantile convulsions, epilepsy.

Puncture: Perpendicularly 0.3-0.5 inch.

64. Jingu (U.B. 64):

Location: Below the tuberosity of the 5th metatarsal bone, at the junction of the "red and white" skin. (See Fig. 75.)

Indications: Headache, dizziness and vertigo, lumbago and leg pain, epilepsy.

Puncture: Perpendicularly 0.3-0.5 inch.

65. Shugu (U.B. 65):

Location: Posterior and inferior to the small head of the 5th metatarsal bone. (See Fig. 75.)

Indications: Headache, dizziness, lumbago, leg pain, epilepsy.

Puncture: Perpendicularly 0.3-0.5 inch.

66. Tonggu (U.B. 66):

Location: In the depression anterior and inferior to the 5th metatarsophalangeal joint. (See Fig. 75.)

Indications: Headache, dizziness, epistaxis, dyspepsia.

Puncture: Perpendicularly 0.2-0.3 inch.

67. Zhiyin (U.B. 67):

Location: On the lateral side of the tip of the small toe, about 0.1 cun posterior to the corner of the nail. (See Fig. 75.)

Indications: Malposition of fetus, difficult labour.

Puncture: Perpendicularly 0.1 inch or more. Or apply moxibustion.