

## The Power of Acupuncture Points

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**Take the Test**

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### A. Introduction

This course offers a narrative from personal experience which intends to demonstrate that acupuncture is useful in treating 30 different ailments, many of which are not pain afflictions. And when I say acupuncture, I mean needling acupuncture points per se, not the many other valid and effective modalities of traditional Chinese medicine, e.g. cupping, e-stim, exercises, herbal therapies, magnets, massage, and moxibustion. However, in a few cases I do comment upon auxiliary modalities used to amplify the effect of the acupuncture. I do not make much mention of treating ailments with ear acupuncture although I have found auriculotherapy to be very effective. That's a topic for another course. This course material draws upon my 37 years of personal clinical experiences, and I will do my best to present interesting anecdotal accounts, noting the pulse and tongue indications for those cases where I still have notes and am not relying just on memory. In most cases I leave it to the reader to draw conclusions about the TCM diagnosis.

Those of you who have taken my course, **Acupuncture Works – the Research Studies that Prove It**, understand that there is plenty of scientific proof beyond the anecdotal that acupuncture does indeed work. However, those studies mostly document the ability of acupuncture to treat pain, when there are many other ailments acupuncture can treat effectively. Unfortunately there are very few such outcome studies published in peer-reviewed Western medical journals. Perhaps those who read this course may want to initiate and submit for publication some studies of their own.

The following study by Dr. Ralph Coan et al. was done on the treatment of lower back pain with acupuncture, but it illustrates how to set up a randomized controlled study. Simply treat one group of patients suffering from a particular problem with acupuncture and have another group go untreated. After a while, compare the outcomes of the two groups. Then treat the 2nd group.

**Journal:** *The American Journal of Chinese Medicine (AJCM), Volume: 8, Issues: 1-2(1980) pp. 181-189 DOI: 10.1142/S0192415X80000141*

**Title:** [The Acupuncture Treatment of Low Back Pain: A Randomized Controlled Study](#)

**Authors:** Ralph M. Coan, Grace Wong, Su Liang Ku, Yick Chong Chan, Lucy Wang, Faruk T. Ozer, Patricia L. Coan

**Source:** Acupuncture Center of Washington, 4400 East-West Highway, Bethesda, Maryland 20014, USA; Acupuncture Clinic of Maryland, 11125 Rockville Pike, Rockville, Maryland 20852, USA

**ABSTRACT:**

**Objective:** To determine if acupuncture was beneficial to patients with low back pain

**Methods:** Acupuncture was performed on an unspecified number of patients and results were compared/contrasted with “the use of the short-term controls and long-term controls, although the later were not intended in the study design.”

**Results:** “After acupuncture, there was a 51% pain reduction in the average pain score in the Immediate Treatment Group. This short-term controls, the Delayed Treatment Group, had no reduction whatsoever in their pain scores at the comparable follow-up period. Later, [those in] the Delayed Treatment Group were also treated by acupuncturists, and reported 62% less pain. When these two treatment groups were compared at 40 weeks with long-term controls (Inadequate Treatment Group), the Inadequate Treatment Group still had the same pain scores, on the average, as when they were enrolled in the study. Both treatment groups, on the average, had 30% lower pain scores. Furthermore, 58% of the treatment groups felt that they were definitely improved at 40 weeks, while only 11% of the Inadequate Treatment Group felt definitely improved at 40 weeks.”

**Conclusions:** “The acupuncture treatment situation was beneficial to the majority of people with low back pain.”

## B. Comments about the Importance of Diagnosis

So much of the success of treatment with both acupuncture and traditional Chinese medicine depends upon proper diagnosis. It is also important to note that in the practice of acupuncture and traditional Chinese medicine we are treating people, not diseases. However many of the pain syndromes we address with acupuncture do not require elaborately perceptive diagnoses and may be approached pretty much straight forward, based simply upon presenting complaints and symptoms. Thus, some of the cases which are described in the following text do not contain much diagnostic analysis.

That said, good diagnosis can be essential even when treating (or choosing not to treat) with acupuncture. To illustrate that point and to pay proper respect to the importance of good diagnosis before presenting many cases where diagnosis was minimally described, I offer the following story by the insightful Ray Rubio, D.A.O.M., L. Ac. Of Westlake Village, CA in which he writes about his experiences with my own original mentor, Dr John Ho Fen Shen:

“Somehow, early in my practice about 10 years ago, I was lucky enough to come into contact

with Dr. John Shen. At the time, I didn't know that this was "the" Dr. Shen, as in the famous Chinese Pulse Master and Herbalist who was the inspiration for Dr. Leon Hammer's Pulse Book, and one of the major influences for Giovanni Maciocia, Jane Lyttleton, Lonny Jarrett, and many, many other leaders in our profession. I just found out that there was a workshop being offered in Berkley on advanced herbal prescribing, so I signed up and went. What an eye-opening, mind-opening, and heart-opening experience for me!

"Dr. Shen was from the Menghe-Ding lineage of pre-moaist, pre-tcm Chinese physicians famous in Shanghai at the end of the 19th and beginning of the 20th Centuries. Like his predecessors of this lineage, Dr. Shen employed an extremely detailed pulse diagnosis system, a facial diagnosis system, and an herbal prescribing system that most closely resembled the Shang Han Lun style of prescribing characterized by very low dosages of individual herbs - often 1.5g to 3 or 6 g.

"Dr. Shen was also renowned for the development of what he called "system diagnosis", wherein patients who have a multitude of signs and systems that don't fit neatly into any Zang-Fu pattern, can then be diagnosed with what Dr. Shen referred to as either "nervous system disease", "digestive system disease" or "circulatory system disease". (See chapter 14 in Dr. Leon Hammer's book, **Dragon Rises, Red Bird Flies** revised edition by Eastland Press for a thorough discussion of this topic).

"In the few years that I was able to spend time with Dr. Shen in both his New York City practice and in Shanghai before his death, I felt like I was given a glimpse into the past history of Chinese Medicine - before it became systematized and formulaic. What I learned from Dr. Shen, I mostly learned from watching him. Watching him ask questions, feel the pulse, and then tell the patient - not ask them - when, how, and why their disease or problem developed. By using facial diagnosis to determine the chronology of the disease, and using pulse/tongue and eyelid diagnosis to assess the state of the nervous system, digestive system, and blood, then using probing questions to fill in the rest of the blanks - Dr. Shen was uncanny in his ability to unravel even the most mysterious and stubborn conditions. The following brief case will illustrate what I mean:

"I was sitting with Dr. Shen while he saw patients during one of my trips to see him in New York City. Because Dr. Shen was quite famous, it was not uncommon for patients to fly from all over the world to come see him for help. On this particular day, a very elegant woman in her early 40's came in to see Dr. Shen complaining of violent, daily migraine headaches. Interestingly, this woman was the heir to one of the world's most famous cosmetic/perfume families and had just flown in from Paris that day. She proceeded to explain to Dr. Shen that her headaches had started suddenly just about two years prior, and that she had been to see the best doctors in Europe to no avail. There was no family history of migraines, she had not had a head or neck injury preceding the onset of her headaches, and no medications had even been able to dull the pain even a little. She had also tried a virtual smorgasbord of alternative healers, again with no relief in her pain. Finally someone suggested that she see Dr. Shen, and so here she was.

“Dr. Shen asked her some more questions about what she ate, when the pain was the worst, how were her sleep and stress levels, where the pain was localized, etc. He looked at her lower eyelid, and at her tongue very briefly, and finally he motioned for her to extend her wrist onto the pulse pillow so he could read her pulses. After spending about 5-10 minutes listening to her pulses, Dr. Shen sat back and proceeded to ask her how she was enjoying New York, where she was staying, was she going to see any shows while she was in town, etc. At this point, both the patient and I were slightly perplexed. I was perplexed because usually Dr. Shen would send the patient to the waiting room to wait while he wrote their herbal prescription, and he was just sitting there making small talk with her and not writing anything. The patient was annoyed because she had flown all the way from Paris to get help, not to chit-chat. Finally she started to weep, telling Dr. Shen that she didn't know how much longer she could live with these headaches, and that she had come to him to get herbal medicine to help her with the pain.

“Dr. Shen paused, took her hand very gently in his, looked into her eyes and said that she didn't need herbs because she was already cured. I think my jaw dropped to floor, and she too looked absolutely flabbergasted. I wasn't used to Dr. Shen playing the faith-healer, so I wasn't sure what he meant. Finally, he looked at her and asked her if she had perhaps started wearing any new mascara about two years ago, around when the headaches started. She thought for a moment while she wiped her eyes, and then she slowly nodded her head and answered that her cosmetics company had launched a new mascara at that time which was formulated to be a "24-hour" mascara and be more long lasting after being applied. She had taken to wearing it at that time. Dr. Shen sat back and smiled and said that this was the cause of her headaches. He proceeded to explain that because all of her neurological and physical exams had turned up no cause to her headaches, and because there was no family history of them, and because the onset was so sudden without any head injury, Dr. Shen felt that the cause of the headaches had to be something local (in the head) causing an allergic reaction. He said that the lower eyelid showed a chemical reaction in the bloodstream, and the pulse indicated the same thing. He then said that he also noted that when he had examined her lower eyelid, he noticed that the mascara did not come off on his fingers like it normally did with female patients. Dr. Shen advised her to stop wearing that mascara, and from that day on she was free of headaches. After that, whenever she was visiting New York City, she would make a point to stop in and drop off a present to Dr. Shen.

“The patient above was only one of hundreds that I observed with Dr. Shen where he used his superior powers of observation and logical thinking to unravel very difficult cases. Dr. Shen always reminded me it is more important to understand life, than to understand disease, because disease usually comes from life. He said that being a doctor of Chinese Medicine was very similar to being Sherlock Holmes - one had to be an astute observer of even the smallest details. Sadly, Dr. Shen passed away at 90, still much too soon for myself and his other students and patients who knew him and loved him. From him I learned that all of the herbal knowledge and acupuncture knowledge in the world mean very little without the correct diagnosis.”

My own year working with Dr. Shen was filled with equal astonishment as my fellow apprentices (Jack Garvy, Sandy Greenberg, Bob Banever, and Stuart Zoll) and I would watch Dr. Shen work his miracles. Before ever receiving a chart, he would always ask a new patient to sit down beside his desk and present his/her wrist for pulse diagnosis. Once, a 54 year old woman came in, Dr. Shen felt her pulse, and declared:

“When you were 12 years old you fell down the stairs, bumped the back of your head, and you’ve been having headaches ever since! Don’t worry. No problem. Better. Better.”

The woman burst into tears and affirmed that was exactly what had happened. How Dr. Shen was able to discern all this is the stuff for another course.

## C. Treatments of Various Ailments

### 1. Addiction

I am among hundreds of acupuncturists who have each had success treating thousands of patients with various forms of addiction using the five needle NADA auriculotherapy developed at Lincoln Hospital Detox in New York and improved upon by Dr. Jay Holder of Miami. The NADA protocol involves inserting small (half or quarter inch) presterilized stainless steel needles into the following ear points:

- ▶ Lung 2 - addiction related lung issues
- ▶ Shen Men - stress, anxiety, excessive sensitivity
- ▶ Autonomic Point - balance sympathetic and parasympathetic nervous systems, blood circulation
- ▶ Liver - hepatitis, cirrhosis
- ▶ Kidney - kidney disorders, urination issues

Dr. Holder’s protocol from the American College of Addictionology and Compulsive Disorders uses these points:

- ▶ Point Zero - general homeostatic balance
- ▶ Shen Men - stress, anxiety, excessive sensitivity
- ▶ Autonomic Point - balance sympathetic and parasympathetic nervous systems, blood circulation
- ▶ C. Kidney - kidney disorders, urination issues
- ▶ Brain - pituitary gland, endocrine glands, addictions, sleep
- ▶ Limbic System - aggressiveness, compulsive behavior

Both require no electrical stimulation. I personally prefer to use e-stim as described in my course “How to Use E-Stim with Acupuncture & Why It Works,” yet one can have good results either way.

#### a. Adderral

A 44 year old woman presented to me with a long term Adderral addiction. Her **pulses** were wiry overall, and her kidney yin pulse was deficient. Her **tongue** was moist, scalloped with a center line crack, and the right side was coated white. She suffered from



frontal headaches associated with the weather. My **diagnosis** (other than a gall bladder disturbance) was that her spleen and kidney energies were deficient. The first **treatment** I gave her was acupuncture to Spleen 2, 3, and 6 and Kidney 3 without any e-stim and to the following ear points with 2 and 100 Hz e-stim: Lung 2, Kidney, Shen Men.

She returned three days later complaining that although her craving for Adderall was less, she felt too tired from the last treatment, too relaxed, and she wanted to increase her energy and concentration without Adderall. I modified her treatment and gave her acupuncture to Spleen 2 and 3 and Stomach 36 followed by indirect moxa to those points and then acupuncture to Kidney 3.

**Result?** Two weeks later the patient phoned to report great results from the last treatment. She was no longer using Adderall and her energy and concentration were up.

#### **b. Smoking**

A 38 year old woman patient presented with a cough and chest cold. **Pulses** were floating. **Tongue** had a thin yellow moss, pink body. My diagnosis was a wind heat invasion. I treated the following points with acupuncture only: Lung 7 and 5, L.I. 4, K 3, GV 14, UB 13; ear Lung, Shen Men, and Kidney. One visit only. No herbs.

**Result?** Her cough and cold cleared quickly, not surprising. What was surprising is that she had been a smoker for twenty years and totally lost her desire for cigarettes. Totally. She never smoked again. I wasn't even trying to get her to quit. Fortunately for me, her sister ran the largest real estate agency in town and paid for all her smoker employees to come to me for acupuncture.

Normally I treat nicotine addiction with acupuncture to Lung 7 and 5, Kidney 3, L.I. 4, and these ear points: Shen men, Lung, Kidney, Limbic, Brain Stem, and Anxiety. Sometimes I use the following protocol: Acupuncture to L.I. 4, K 3, and Liver 3; and ear acupuncture to Shen Men and Lung with 2 Hz e-stim continuous. Both protocols work.

## **2. Broken Bones**

In 1982 I foolishly went for a run at midnight. It was my first date with a woman, yes a running date, and along the way I stepped into a hole and broke the fifth metatarsal at the base of my left foot. Within a couple of hours it swelled up to twice its size and thereafter turned purple. Normal protocol for this type of break is to cast the foot up to the bottom of the knee and keep it immobilized for six weeks. However, at the time I was working with an eighty year old osteopath, Dr. Wallace S. Willman, D.O. who had been President of the American Osteopathic Association and had sojourned to China for extensive training in acupuncture. The next morning he X-rayed it and confirmed that it was indeed a break of the fifth metatarsal at the base. He then advised me to tape the bone back into place rather than casting it. This would allow me access to points on the Urinary Bladder channel above and below the fracture, which he advised me to needle every day and to run e-stim across the injury.

**Result?** Following his instructions, I was amazed how quickly the swelling subsided and the pain went away. Within three weeks it had completely healed, and I ran six miles (in daylight) with no discomfort at all.

### 3. Carpal Tunnel Syndrome

No discussion of the treatment of Carpal Tunnel Syndrome (CTS) should begin without first acknowledging the work of Dr. Margaret Naeser, L.Ac., Ph.D. Her research establishes beyond any doubt the efficacy of treating CTS using low-level laser and TENS on acupuncture points:

[www.bu.edu/naeser/acupuncture/publications/NaeserCTS2002.pdf](http://www.bu.edu/naeser/acupuncture/publications/NaeserCTS2002.pdf)

For anyone who can afford such a laser, hers is the preferred approach for treating CTS.

One can still get good results without a laser, and here is what I often do.

Using just acupuncture, I insert needles at Pericardium 6 or 7, Lung 9, Heart 7, and the Baxie points. This helps, but I get better results using these points with 2 and 100 Hz e-stim for 30 minutes, connecting the three wrist points to the baxie points.

Another approach which works well was developed by Dr. Danny Hom, L.Ac. of Fall River, Massachusetts. The benefits to his method are that it is absolutely painless and patients can be taught to do it at home or on their own if travelling. His protocol treats CTS using small but strong neodymium alloy magnets of 48 MGOe (millions of Gauss Oersted) strength and ion pumping cords:

1. Tape a 48 MGOe magnet on each of these three points with the North pole touching the skin: Lu 9, P 6 or P 7, H 7. Then add two more 48 MGOe magnets atop each magnet that has already been taped in place.
2. Tape a 48 MGOe magnet on each of these three points with the South pole touching the skin: Heart 9, Pericardium 9, and Lung 11.
3. Then attach the black end of an ion pumping cord to the magnet atop Lu9 and its red end to the magnet atop Lu 11; the black end of an ion pumping cord to the magnet atop P 6 or P 7 and its red end to the magnet atop P 9; and the black end of ion pumping cord to the magnet atop H 7 and its red end to the magnet atop H 9.
4. Leave the cords and the magnets in place for a minimum of 25 minutes and a maximum of 40 minutes.

### 4. Conjunctivitis

In 1977, shortly after I had finished my studies with Dr. So at the New England School of Acupuncture, I was practicing in Tucson, Arizona. A young man presented who had just ridden from Texas wearing no goggles on a motorcycle with no windscreen. His eyes were severely inflamed, nearly swollen shut, and painful; and the eyeballs were bright red. Following Dr. So's protocol, I treated the patient this way:

1. I needled L.I.4 and L.I. 11.
2. Then I needled St 8, GB 15, Bl 2, TW 23, and GB 1



3. Last, since it tends to be a painful point and since Dr. So always counseled us to treat painful points last, I carefully needled BI 1.

**Result?** Shortly after the treatment the patient's pain was gone, and by the next morning he called to report his eyes were clear and the swelling had subsided dramatically. Please note, this is just one of the many exquisite, simple, and effective treatment protocols passed down to us by Dr. So to be found in his now out of print text, **Treatment of Disease with Acupuncture**. Why this is not a standard text at all U.S. acupuncture colleges baffles me. It's no longer even used at the New England School of Acupuncture which Dr. So founded. Truly baffling.

## 5. Dental Pain

Upper and Lower Jaw – Once again, thanks to Dr. So for this treatment protocol. I have used it on so many patients who were unable to reach a dentist right away.

**Lower jaw** - needle L.I. 4, St 44, St 6, TW 21, and GV 26

**Upper jaw** – needle L.I. 4, St 44, St 6, CV 24

My own modification to Dr. So's formula is to add L.I. 11 for upper jaw pain. Also, as a first aid measure, when someone has toothache and you have no needles handy, apply an ice cube to L.I. 4 and L.I. 11. This works!

## 6. Diarrhea with Abdominal Pain and Cramping

Besides the fact that back then there were only two acupuncturists in the entire state, one of the pleasures of working in Tucson, Arizona in 1978 was its proximity to nearby Nogales,

Mexico and delicious Mexican food. After one foray to an across the border restaurant, I found myself at home writhing on the floor in pain with my face pressed to the carpet, exhausted from frequent trips to the toilet. This was before I'd learned of the blessings of taking vegetable charcoal capsules to treat food poisoning and sundry others gastro-intestinal ailments.

For the better part of a day I suffered, until in an agony-induced epiphany the radical thought struck, "Maybe I should do acupuncture to myself?" I had the strength of body and presence of mind to needle one point – Stomach 36.

**Result?** Within minutes my pain, cramping, and diarrhea abated. Powerful medicine this acupuncture. It's a lesson I'll never forget.

## 7. Fevers, Coughs, and Sore Throats

In the late 1970's it was difficult to find sources of herbal formulae outside of big cities such as San Francisco and New York. Nowadays it's simple to order Chuan Xin Lian or Sang Ju from many sources and have it delivered overnight by UPS; but back then, if you had a patient with pneumonia and symptoms of fever, cough, and sore throat, acupuncture and cupping were just about then only modalities an acupuncturist had to fall back upon to get his/her patient well.

Thus, when I got an emergency call from Mr. S. to do a home visit for his wife Sharon who had suffered for over a week from pneumonia, I packed up my bag with needles, cotton balls, and

alcohol, and went to their home. Sharon was 63 and had been on antibiotics for a week with no reduction in her symptoms of fever (102 degrees), cough, and sore throat. Her **pulses** were floating and slippery overall, lung pulse full, kidney water hsu. Her **tongue** was scalloped, coated with a thick yellow moss. Following Dr. So's protocol, I did the following **treatment**:

- ▶ acupuncture to L.I.4 and 11; Lung 7,9, and 5
- ▶ acupuncture to GV 14 and 13, Bladder 12 and 13
- ▶ acupuncture to Bl 40
- ▶ triangular needle to draw a few drops of blood to Lung 11

**Result?** The next day Sharon called to say her fever had broken, her sore throat was gone, and her cough was less. Three days later she called again to report she had recovered completely and had returned to her work as a nurse.

## 8. Genital Warts

This is off topic, because I do NOT treat genital with acupuncture needles, but on several occasions male patients have asked me to treat them for this problem. Here's what works:

1. I roll up several small cones of super clean yellow moxa, a little smaller than soy bean size; and set aside some q-tips, a lighter, an open bottle of rubbing alcohol, an open up a jar of Tiger Balm, an open jar of Chin wan Hung, and a little tub of water.
2. I put on latex gloves, a mask, and glasses.
3. I take hold of the penis and use a q-tip to apply some Tiger Balm to a genital wart.
4. I then press a cone of moxa onto the wart.
5. Next I dip a q-tip into the alcohol and light it with the lighter.
6. I light the moxa and put the q-tip into the tub of water.
7. I blow on the lit moxa through my mask until it burns down to the wart. This hurts like hell, something I've already forewarned the patient will happen.
8. I then repeat the process one or two more times till the wart looks charred. This affirms that the heat has penetrated to the roots of the wart.
9. Then I dip a new q-tip into the jar of Ching Wan Hung and apply some to the burnt wart and surrounding skin.
10. I repeat this entire process on the next wart, if there's more than one.

**Results?** Within a few days the entire wart will dry up and in a week fall off. This always works.

Why the mask and glasses? When the wart burns it releases smoke. In the smoke are viral particles that will infect skin to which they attach. Many M.D.'s who burn off warts with lasers have developed facial warts as a result.

## 9. Headache

Keith was a 40 year old heavy equipment operator who had suffered from migraines (also diagnosed as left intra-orbital neuralgia) since age 7. His face was red, especially his ears, but his blood pressure was a normal 109/72. His pulse was 92.

**Tongue:** body pale but red at the edges; moisture normal, slightly yellow moss.

**Pulses:** Heart - deep, full, sinking

**liver** - minus

**kidney water** - rough, choppy, floating, empty

**lung** - sinking, thin, fine

**spleen** - plus, floating

**Symptoms** - Pain above left eye and temple area traveling to GB 20; right sided headache pain also. Severe. So severe that he considered acupuncture his last resort, and he had often contemplated suicide by gun during extreme bouts of headache pain.

**Treatment** - acupuncture to L.I. 4, Lu 7, GB 20, GV 16, St 8, GV 23, Bl 2, TW 23, Tai Yang. Triangular needle to bleed Lung 1. I instructed this patient to massage L.I. 4 if headaches came on. I treated this patient every other day for a month, adding GB 44 to the treatment plan and on occasion bled Pericardium 9, Triple Warmer 1 and Liver 1. Thereafter I treated him bi-weekly and then monthly for a year.

**Result?** His headaches diminished dramatically in severity and frequency. I met with him two years later and he was still doing well. Were I to treat him with my present knowledge and resources, I would have added an herbal component to his treatment plan, and I would have done more *gua sha* massage to him.

## 10. Heel Spurs

Dr. Shen and Dr. So both taught that heel spurs were somehow a function of a heart disturbance, which makes sense when one considers that calcium precipitating out of the blood at the periphery forms heel spurs, and this is in part caused by poor circulation. With this in mind I have always included Pericardium 5 and/or 7 when treating heel spurs.

An interesting case was that of a Mr. Otis S. who had been in bed for five years until seeing me. He suffered from heel spurs, chronic kidney and urinary bladder infections, diabetes, severe heart palpitations, impotence, and a total lack of energy.

His **tongue** quivered, the body was a deep, old dark red with thin white stripes paralleling a wide center line crack.

His **pulses** were deficient with a distinct imbalance between kidney yin (-) and yang (+).

For his heel spurs I **treated**:

1. acupuncture K8, K7, K3, K5
2. acupuncture to PC 5
3. indirect moxa to K7, K8

I treated him three times in one week this way, and his heel pain was gone; his kidney infection had improved; he could get out of bed on his own; and his heart palpitations were much better.

I then added the following points to the acupuncture protocol: Bl 13, 20, 21, 22, and 23 (with

indirect moxa 5x to BL 23 and PC5), Lv 2, Lv 3, and H9. Within 11 days of his first treatment he felt the heel spurs migrating to the outer surface of his skin, and he no longer had any heel pain. His energy was much better; his blood sugar level had dropped dramatically; there was less film over his eyes; there was no burning sensation when urinating, and his palpitations were better.

The next visit I added the following to the treatment protocol – indirect moxa 5x to K 2. These treatments continued for three more weeks, at which time he experienced a nocturnal emission and had his first erection in years. More on this story later, under male impotence.

**Result?** After two months of regular treatments he was virtually symptom free and had resumed full-time work activities, after having been bed-ridden the previous five years.

### 11. Hot Flashes

Robin was a 56 year old woman suffering from climacteric disturbances with symptoms of hot flashes, waking in the middle of the night, and burning skin.

Her **tongue** had a red body with thin reddish moss, scalloped with central area cracking and pimples at the tip.

Her **pulses** were fast, full, and floating.

I diagnosed her as having excess heat and deficient yin.

Her **treatment** consisted of acupuncture to:

1. Heart 2, H 7
2. Sp 2, K3
3. Sp 3, Sp 6, Sp 9, K7, Lv 2, Lv 3

I treated her three times in a two week period.

**Result?** She returned 3 months later and reported that her hot flashes were much less frequent, her burning skin sensation was gone, and she was sleeping through the night.

### 12. Infertility

Many women have come to me over the years complaining of inability to conceive. Suzanne's case was atypical in that her husband was extremely wealthy, and they could afford any and every manner of treatment, but in terms of her physiology, she was typical. I conducted an abdominal palpation on her in the style of Dr. Yoshio Manaka's Biological Information System. This approach is described brilliantly in the book **Chasing the Dragon's Tail** by Dr. Manaka with Stephen Birch. This web link also provides a summary: [www.akupunkturförbundet.se/yoshio-manakas-acupuncture-practice/](http://www.akupunkturförbundet.se/yoshio-manakas-acupuncture-practice/)

The palpation of Suzanne's abdomen revealed subcostal tenderness on the right and tenderness of the left anterior sacroiliac spine. This pattern is called "the cross syndrome" and indicates - among other things - sluggish circulation of blood from the liver through the abdominal cavity and impaired

flow of qi along the dai mai and chong mai meridians.

I used the customary **treatment** for the cross syndrome on Suzanne:

1. acupuncture to left TW 5, with a black ion pumping cord attached, running to left GB41, with a red ion pumping cord attached, for ten minutes
2. acupuncture to right PC 6, with a black ion pumping cord attached, running to right SP4, with a red ion pumping cord attached, for ten minutes

The California Acupuncture Board (CAB) does not recognize the use of ion pumping cords, saying (erroneously) that there is no scientific evidence as a basis for their use. Thus, if we accept the CAB's judgment that ion pumping cords have no beneficial effect, then the entire benefit of this treatment must be derived from the placement of these four needles, which, by the way, were only inserted 3 mm into the skin.

There are two other steps to follow when treating the cross syndrome. One is to apply a small amount of indirect moxa stimulation to the back shu points associated with the acupuncture points used. The other is to perform a particular sotai exercise with the patient. I did neither with Suzanne, only the acupuncture.

I also counseled her on the work of the Czech gynecologist, Dr. Eugen Jonas, [www.drjonasmethod.com/index.php?fuseaction=services.howto](http://www.drjonasmethod.com/index.php?fuseaction=services.howto) who posits that when a woman is born the degree of difference between the positions of the sun and moon at the time of her birth is predictive of when she will be able to conceive as an adult. For example, if a woman is born March 21 with the sun at 1 degree Aries and the moon is at 1 degree Libra, she will most likely conceive when the sun and moon are 180 degrees apart each and every month that she is of child bearing age, regardless of the time of her menstruation. I so instructed Suzanne when it would be most propitious for her to attempt to get pregnant, and I also gave her two more acupuncture treatments.

**Result?** A month later she became pregnant and in due time delivered a healthy child. I have helped many women to conceive this way. However, since a large number of acupuncturists have great success facilitating pregnancies – especially after in vitro fertilization procedures - without recommending Dr. Jonas method, I give most of the credit to the power of properly administered acupuncture treatment.

### 13. Insomnia

I have successfully treated many cases of insomnia using the following protocol from Dr. So:

1. Heart 7, Bl 13, Lu 9, Sp 1
2. Sp 6, Sp 9, Ki 6, Ht 6, PC 6

For new cases two treatments usually are enough. Long term cases require perhaps ten visits. I also advise patients to massage H 7 and Sp 1 with the eraser end of a pencil before bed. Dr. Shen would say of most insomnia patients that their digestion was somehow impaired. He'd also treat St 36 and

used his own formulation of the patent remedy Gui Pi Wan or Kwei Be Wan (Restore Spleen Pill).

#### 14. Intercostal Neuralgia

Randy was a successful 50 year old professional who suffered from excruciating but intermittent intercostal and subcostal pains on the left side. Several expensive cardiac tests and a CT scan proved negative, and the patient continued to suffer. His **pulses** were normal, **tongue** was pink, no cracks, pretty healthy. I suspected *sha*. To start **treatment** I needled PC 5, then St 18, 19, Lv 13, and Lv 14 and a few ah si points. Thereafter I did *gua sha* massage intercostally and subcostally, with marked appearance of *sha*.

**Result?** The patient's symptoms disappeared completely. This has been my experience with all patients who have presented with intercostal neuralgia. Acupuncture done first opens up the capillary sphincters. *Gua sha* does the rest to promote free circulation of blood and disperse *sha*.

#### 15. Irritable Bowel Syndrome

It was Dr. Willman who taught me that 80% of pain and inflammation relieving neurotransmitters are created in the area surrounding the intestines, and that acupuncture applied to points on the abdomen works great to address pain syndromes related to the intestinal tract. His **treatment** protocol was simple, and it works so well I rarely need to do a differential diagnosis, although it is important to discuss the patient's dietary habits as well. Here are the points I use, with just acupuncture:

C.V. 12, 10, 9, 7, 6, 5, 4; St 24, 25, 26, 27; Sp 14, 15; Ki 14, 15, 16, 17 18

#### 16. Jet Lag

Based in Tokyo, Dick is the International President of a major American Fortune 500 corporation who for years has travelled from Japan to the USA every couple of weeks. Suffice it to say that his sleep patterns had been severely disturbed for years, and none of the top MD specialists with whom he had consulted were able to help him overcome his symptoms of chronic and repeated jet lag: insomnia and exhaustion. His **tongue** was thin with pale greasy white moss, wet with a center line crack. His **pulse** was slow (he's a runner), the Spleen pulse was empty, right qi pulses were stronger than left blood pulses. The Heart and Liver pulses were empty. The Kidney water pulse was full.

**Diagnosis:** blood deficiency induced insomnia.

**Treatment:** K3, K1, Sp 2, Sp1, Sp 6, H7; ear points – spleen, shen men, limbic, brain stem, anxiety

**Herbs:** Gui Pi Wan, Stress Release by American Nutraceuticals (a strong anti-oxidant enzyme formula)

Most people think of jet lag as being merely a disturbance of chronobiology. In fact, it's more. Air travel above 30,000 feet exposes passengers to small doses of gamma ray radiation which create oxidation of the cells and micro-perforations in the body's tissues. This creates a stress on the immune and other systems of the body, as well as disturbing genomic stability. The Spleen points in the treatment help up-regulate the immune system, and for his condition the entire set of points working together were restorative for him. I treated Dick three times: 12-21-2010 and 12-23-2010

and then again 12-20-2011.

**Result?** Dick reported that he had been sleeping well for the entire year between treatments and handling jet lag well. His pulses 12-20-11 were all strong except for his Kidney yin pulse, so I adjusted the treatment then to K 3, K 7, Sp 2, Sp 1, Sp 6, H 7, and these ear points: spleen, shen men, limbic, brain, and anxiety. He came back in August, 2012 not for a treatment, since he was feeling so well, but to take me out for “the best hamburger in town” at a local bistro. What concerned him is that none of the doctors with whom he had consulted previously were at all interested in how he had made his miraculous recovery, not even the head of his own corporation’s medical staff.

## 17. Knee Pain

There are numerous studies documenting the fact that arthroscopic knee surgery is largely ineffective. Conversely, several peer reviewed studies published in conservative Western medical journals confirm that acupuncture IS effective at treating knee pain.

**Journal:** *BMJ* 329 : 1216 doi: 10.1136/bmj.38238.601447.3A (Published 19 October 2004)

**Title:** [Acupuncture as a complementary therapy to the pharmacological treatment of osteoarthritis of the knee: randomized controlled trial](#)

**Authors:** Vas, J., Mendez, C., Perea-Milla, E., et al.

**Journal:** *Oxford Journals, Volume 46, Issue 9, Pp. 1445-1449.*

**Title:** [Severe knee osteoarthritis: a randomized controlled trial of acupuncture, physiotherapy \(supervised exercise\) and standard management for patients awaiting knee replacement](#)

**Authors:** Williamson, L., Wyatt, M.R., Yein, K., Melton, J.T.K.

**Journal:** *Acupunct Med* 2009;27:3-8 doi:10.1136/aim.2008.000067

**Title:** [Comparison of the effectiveness of six and two acupuncture point regimens in osteoarthritis of the knee: a randomized trial](#)

**Authors:** Wirat Taechaarpornkul, Daranee Suvapan, Chaniya Theppanom, Chantima Chanthipwaree, Aroon Chirawatkul

**Journal:** *Ann Intern Med.* 2004 Dec 21;141(12):901-10.

**Title:** [Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: a randomized, controlled trial.](#)

**Authors:** Berman BM, Lao L, Langenberg P, Lee WL, Gilpin AM, Hochberg MC.

**Journal:** *Lancet.* 2005 Jul 9-15;366(9480):136-43

**Title:** [Acupuncture in patients with osteoarthritis of the knee: a randomized trial.](#)

**Authors:** Witt C, Brinkhaus B, Jena S, Linde K, Streng A, Wagenpfeil S, Hummelsberger J, Walther HU, Melchart D, Willich SN.

Knee pain is usually one of those ailments that does not require a differential diagnosis. What is



important is knowing what tendino-muscular meridians, muscles, tendons, ligaments, and cartilages are involved.

Sometimes I wish my entire practice consisted of patients with knee pain, because they usually respond so well to treatment, and the treatments are pretty much simple.

A case in point is Joe, an 80 year old man, 5'9" tall, 280 lbs. – his weight an obvious complicating factor for the health of his knees. He presented recently with left knee pain, medial, centered around Liver 8. I treated the following points with acupuncture and 2 & 100 Hz e-stim: eyes of the knee, Liver 8, an ah si point, Spleen 9 and 10.

**Result?** It took only three such treatments for Joe to report he was totally free of symptoms.

Occasionally I will also treat Heding if the patellar tendon is involved or GB 33 and GB 34 if the knee pain is lateral. I can recite many cases like Joe's:

- ▶ David, a 56 year old tennis pro with bilateral knee replacements yet still experiencing knee pain;
- ▶ Margaret, a 40 year old horseback rider with left knee pain;
- ▶ Sara, a 93 year old woman who tripped on a dog and sprained her left knee; and so many others.

All responded well to a variation of the following combination of points treated with 2 and 100 Hz e-stim: Sp 9 and 10, eyes of the knee, Heding, GB 33 and 34, and Liver 8.

## 18. Lower Back Pain

This case was very instructive. Nancy was a 46 year old woman who had been in a car crash. She had numerous crushed thoracic and lumbar discs, had been in terrific pain for a long time, and could only get around in the world wearing a full body brace.

I started **treatments** by inserting needles along her UB channel at UB 18, 19, 20, 21, 22, 23, 24, and 25 and ah si points along her sacroiliac crests bilaterally and by doing *gua sha*. She had a little short term relief but not much. In following visits I added e-stim at 2 and 100 Hz to the points treated, but that was still not effective, although I often have good results treating lower back pain that way.

In frustration, I decided to make up a **treatment** I had never heard of being used before. Thinking that qi and blood were blocked along her UB and GV channels, I decided to use a variant of Manaka style acupuncture. I inserted half inch 36 gauge needles 3 mm just underneath the surface of the skin at UB 11, UB 26, GV 2 and GV 1, then taped those needles in place. Next I attached the black end of ion pumping cords to UB 11 and the red end at UB 26 and black at GV 2 and red at GV 14. I left those needles in place for twenty minutes.

**Result?** I treated her a few more times this way, and her response was miraculous. She became almost totally pain free. Thereafter I would treat her perhaps once every six months to maintain her progress.

This experience stuck in my mind when I encountered difficulties treating Jackie, a 74 year old woman with severe lower back pain. Her x-rays showed drastically

collapsed lumbar vertebrae with spurs and subluxations galore. Her back was a mess, and because her husband had been the President of another Fortune 500 corporation, she'd had the best of conventional medical care with no relief. When a few visits with my normal **treatments** for lower back didn't work (UB 23, 24, 25, 26, ah si points along the sacroiliac, GB 30 and UB 60 – some of these electrified with 2 and 100 Hz followed by *gua sha* or cupping) Jackie became very cross and discouraged.

Her next visit, which was sure to be her last without some sign of progress, I summoned my courage and used on her a variation of the experimental **treatment** which I had used on Nancy. I placed half inch 36 gauge needles 3 mm under the skin at UB 23 and UB 60, connecting a black ion pumping cord to UB 23 and the red clips to UB 60. I also placed half inch 36 gauge needles at GV 2 and GV 14, connecting a black ion pumping cord to GV2 and its red clip to GV 14. I left these in place for 20 minutes.

**Result?** It worked spectacularly well. She was remarkably pain free and has remained so for the past nine years, with only a few treatments since, and those mostly for knee pain. Her disposition changed entirely, from that of a woman unhappy, angry, and wracked with pain to someone cheery, friendly, and kind. The experience reminded me of the fable of Androcles and the lion:

<http://classiclit.about.com/library/bl-etexts/aesop/bl-aesop-androcles.htm>

## 19. Male Impotence

My heel spur patient Otis regained his potency in response to the treatments I gave him and started bragging to his friends about it. They had taken to calling him Lazarus back from the dead, because he'd been in bed and out of circulation for five full years before I treated him. As a result of his recovery, several of Otis' friends started to see me for various ailments. Rex was one of them. He was 71 years old with thick black hair, 6'3" tall, and 235 lbs. He needed to get up one time at night to urinate and his urination during the day had begun to hurt for the past 2 or 3 months. Rex had a short bout of phlebitis three years previously from blood clots after breaking his foot, the only illness he'd ever suffered, and had quit smoking ten years earlier. He had quit drinking thirty years before (in those days he had been known as "the bottle man").

Rex's blood pressure was 130/70. His heart was strong, and he was noted for his prodigious strength during his youth, when he ran hurdles in track. Now however, he would get out of breath lifting 30 to 40 lbs. He slept like a log. His **tongue** body was reddish-bluish-pink (I suspected some stuck blood) and especially red along the GB area edges. There was very little moss, no quivering, some scalloping, normal moisture, and horizontal cracks in the stomach area. His **pulse** rate was 58. The heart pulse was sinking and deficient, the liver wiry, the kidney water empty, lung 0/+, spleen + and wiry, and kidney fire 1, sinking, and hollow. He had a temper and would get violent at times, which fit in with his wiry pulse and the red edges along his tongue.

The reason he came to see me was that sexual dysfunction had started six months before. And he had some mild discomfort in his chest. I gave him five **treatments** in a two week period and advised him NOT to engage in sexual activity for three months after the treatments, even and especially if

his potency returned. I likened his kidney yang to a car battery that was recharging. If it discharged before it was fully charged, it would be hard to charge again fully. My treatments consisted of the following: Direct moxa adzuki bean size 2 times to Kidney 2; acupuncture to Sp 6, Sp 9, St 27, CV 4, CV 3; moxa to CV 6, Bl 23, and GV 4. During the second treatment I also did *gua sha* to his chest.

**Result?** After the first treatment he woke up with an erection, after the third he had a solid, long lasting erection. His chest felt much better after the second treatment - “perfect” he called it. After the third treatment he started to ooze clear fluid after an erection provoked by a slight kiss. I presumed this was from his wife of nearly fifty years. Two months later Rex reported a full return of his potency and that he was very pleased.

Four months after Rex’s initial treatment, Otis called to tell me that Rex had started having an affair with his twenty-six year old secretary and that during the act of intercourse, he had a heart attack and died. Rex’s wife was very upset with me and blamed me for the loss of her husband.

I should have paid more attention to the cyanotic discoloration in his tongue.

## 20. Mute after Stroke, Paralysis

Two cases come to mind. The first was my own father who suffered a stroke in 1987 at age 72. He was in Massachusetts, I was in Florida, and it took me a day of travel to arrive at his hospital bed. The right side of his face was paralyzed, he was drooling, and he was unable to speak. My **treatment** consisted of the following:

1. I bled the well points of his hands to get the blood moving.
2. I bled Jin Jin and Yue Ye, the points indicated by blue veins under his tongue, with a Monoject lancet until the color of the blood change from dark purple to red. To bleed these points I had to hold my father’s tongue upward while grasping it with a gauze pad so it didn’t slip. I put cotton balls under his tongue for a while to absorb the blood.
3. Acupuncture to right L.I. 4 and 11; Lung 7; GV 26; St 4, 6 and 8; TW 21 and 22; GB 2; S.I 18 and 19; and CV 24. I did 10 and 100 Hz e-stim to St 6 and 8, GB 2 and CV 24; and L.I 4 and 11 for twenty minutes.

**Result?** Within three days he made a complete recovery, showing no residual signs of the stroke.

The second case was George, who had formerly been President of the local hospital. His stroke had been so severe that doctors wanted to end his life support soon after. They concluded that he would be dead soon in any event. His wife Helen, a saint, would hear none of that and kept up a round the clock vigil by his bedside until he was released to her care in a completely vegetative state, paralyzed from the neck down and unable to speak, nourished through a catheter. Somehow over time she was able to get him to take food by mouth, but otherwise he had almost no ability to function.

After about a year of home care, Helen brought George in a wheel chair to me for outpatient care. He was a big man, well over six feet and probably over 190 lbs. even a year after his stroke. How Helen loaded him into a wheelchair and their van and transported him three times a week to my

clinic I'll never know, but she did.

His **pulses** were floating and fast; the body of his tongue had a bluish tint to it; his fingers were sweaty; and he drooled a lot. Mind you, this had been the president of a major hospital, and all Western medicine could do for him was – nothing.

My **treatments** were pretty simple:

1. As with my father, I bled the well points of his hands to get the blood moving. This I did for the first 3 or four visits. I also bled the well points of his feet.
2. Again I bled Jin Jin and Yue Ye, the points indicated by blue veins under his tongue, with a Monoject lancet until the color of the blood change from dark purple to red. To bleed these points I had to hold my father's tongue upward while grasping it with a gauze pad so it didn't slip. I put cotton balls under his tongue for a while to absorb the blood. I did this the first three visits.
3. Again, I did acupuncture to right L.I. 4 and 11; Lung 7; GV 26; St 4, 6 and 8; TW 21 and 22; GB 2; S.I 18 and 19; and CV 24. I also included St 36, GB 34 and 40 in the protocol. I did 2 and 10 Hz e-stim to St 6 and 8; GB 34 and GB 40 and L.I 4 and 11 for twenty minutes.
4. On occasion I did indirect moxa to St 36.
5. Attended e-stim at 10 Hz to ear points for his arms and legs.

**Result?** These treatments continued regularly for a couple of years. Eventually George became MUCH more present intellectually. He regained some movement in his arms, and more importantly he regained some ability to speak. His vocalization was limited, but it was enough for him to exhibit an engaging sense of humor, which kept all those around him laughing and in amazement. George went from being a vegetable to being a joy to be around, someone who reminded us not to take our own problems too seriously and not to quit when confronted with obstacles.

After two years Helen took George to the student clinic at the college I had started across the parking lot, the Academy of Chinese Healing Arts (now East West College), and the students worked with him there for seven more years till he died. Altogether, he survived nine years after his stroke, regaining some upper body mobility and the ability to speak again. He was an inspiration to us all, as was Helen.

## 21. Nausea

There have been several studies documenting the efficacy of acupuncture for the treatment of nausea as a side effect of chemotherapy. Pericardium 6 is the point usually stimulated, and it definitely works. Boaters even buy wrist bands with embedded nodules to place over PC 6 to prevent sea sickness. However, PC 6 works best in a broader protocol of points. I have used the following on many patients suffering from post-chemo nausea or morning sickness:

1. Acupuncture to PC 6 or 5
2. Acupuncture to St 36 followed by indirect moxa
3. Indirect moxa to the extra point on the crease at the bottom of the second toe (Stomach meridian).

This has been my protocol of choice for almost everyone I've seen with post-chemo nausea or morning sickness. How does it work? Nausea is caused by Stomach energy reversing its flow (counterflow qi). Doing moxa on St 36 and at the base of the Stomach meridian anchors the Stomach energy, bringing it down, resolving the counterflow qi and the symptom of nausea. PC 5 and 6 also control the abdomen.

Dr. So would also needle CV 22 and CV 12 and do direct moxa on PC 5 in such cases.

## 22. Nose Bleed, Epistaxis

Jimmy was a 78 year old patient who had a nosebleed that wouldn't stop, and he called me for an emergency home visit. This was a serious matter for him because his last episode of epistaxis had resulted in a six week stay in hospital and numerous medical procedures. That he could afford the very best Western medicine could provide was not in doubt, since he had donated \$326 million to charities in his lifetime, much of that to hospitals.

Sometimes it's best to know when not to do acupuncture. Dr. So would use the following protocol for nosebleeds:

1. Needle to L.I 4 and L.I 11
2. Needle to GV 14, GV 16, UB 12, 13 and L.I. 20
3. Five direct moxa soy bean size to GV 23

However, years before, as a preventive measure, I had given a box of Yunnan Pai Yao to an HIV/AIDS patient with a platelet count of only 4 who was making a transatlantic flight. Sure enough, when the plane started to descend and the cabin pressure dropped, his nose started to bleed. He had to wait to retrieve the Yunnan Pai Yao from his luggage at the baggage carousel and was bleeding the whole time. Eventually he was able to open a capsule, snort it, and stop the bleeding. He was sure that he would have bled to death otherwise.

With this in mind, I prepared a platter of Yunnan Pai Yao powder for Jimmy, gave him a short straw, and told him to pretend he was a coke addict.

**Result?** Within minutes Jimmy's nose bleed stopped, and he was amazed. His biggest surprise though was yet to come, when his doctors who had hospitalized him before for six weeks expressed no interest at all in how he had recovered with one home visit treatment from an acupuncturist.

## 23. Peripheral Neuropathy

During the late 1980's and early 1990's, before the development of the new, effective, three drug anti-AIDS pharmaceutical protocol, I treated many HIV/AIDS patients for a wide variety of symptoms. Prominent among these was peripheral neuropathy, particularly of the legs and feet. It didn't take long to figure out that the peripheral neuropathy was not a symptom of AIDS itself but rather a reaction to the anti-viral and chemotherapy drugs given to HIV/AIDS patients. I still had to figure out what to do about it.

I remembered back to my days working as an apprentice to Dr. Shen in 1976 when a man who had

worked as a butcher of 30 years presented for treatment. His symptoms were feet which felt dead. Dr. Shen thought it to be an easy case. “Why feet dead?” he asked. “Because butchers always standing in cold place. Cold goes down to the floor. Feet get cold, stay cold for many years. Sure. This is the problem. Feet get cold. Blood and qi don’t flow, Feet feel dead. Know the life. Problem is in the life. Sure, sure. Must bleed the blood. Bleed the blood.”

By this Dr. Shen meant the **treatment** was to start by bleeding the well points at the ends of the patient’s toes till the blood flowed and the color changed from dark black to a bright red. Sure enough, when I started with this patient, the first blood drawn from each toe was a dark black. Wearing latex gloves, I would squeeze the blood out of each toe till it was bright red. Then Dr. Shen would do acupuncture to Sp 5, Sp 6, SP 9, GB 40, GB 34, and St 36 and have me do indirect moxa to SP6 and ST 36. I only had to bleed the blood for the first couple of treatments. After that circulation had been pretty well restored.

Back then we did this with little squares of cardboard which had holes in the center to act as heat insulators and aluminum bowls that had a holes in the center. We slid the cardboard squares over the needles to rest against the skin and then slid the bowls atop the cardboard squares. Next, we would pack the bowls full of moxa and light them. In a 10’ x10’ room with no windows, this got to be pretty smoky!

**Result?** The butcher made a complete recovery, and his example informed me to treat peripheral neuropathy AIDS patients in a similar manner. Step one; I would bleed the well points of the feet, milking them till the blood was bright red. Step two (my own thought) was to needle the bafeng points between the toes. Step three was needle Sp 5, SP 6, Sp 9, GB 40, GB 34, and St 36.

Patients had some relief this way, but after a while I discovered it was more effective to connect the bafeng points to SP 5 and Sp 9, GB 40 and GB 34 with alligator clips from an electrical stimulator set to 2 and 10 Hz. This approach worked very, very well. I later refined this technique to use 2 and 100 Hz with even better results. I didn’t do moxa to the points as Dr. Shen had done with the butcher, but then again, that case involved profound cold whereas the HIV/AIDS cases did not.

Eventually AIDS patients stopped coming to me because they were doing so well on their new pharmaceutical protocol, one which did not engender peripheral neuropathy symptoms. However, I have seen many peripheral neuropathy cases since, most from chemotherapy reactions, some with diabetes. To be quite candid, the diabetes patients do not respond well, especially if their blood sugar runs high. Why not? Because the viscosity of the blood is so thickened by high sugar levels that the blood does not flow freely and nerve cells don’t get proper nourishment. The acupuncture may help momentarily, but the blood soon thickens again, undoing the benefit of the treatment.

Every single case of peripheral neuropathy engendered by chemo I have treated has responded well to the protocol I used on my AIDS patients. A case in point was Lou, who first came to me as an 82 year old man who had long spells of chemo for treatment of both lymphoma and lung cancer, from which he recovered. Unfortunately, as a result of his chemo, his feet felt “like blocks of wood,” and he was almost completely immobile. At first he came to me in a wheel

chair. I treated him three times a week for several months with the aforementioned protocol, then once weekly, then bi-weekly, then monthly.

**Result?** In time his numbness totally went away. He regained 100% use of his feet and legs and would walk two or three miles a day at the air-conditioned indoor mall (we live in Florida) for exercise. Lou died this year at age 89; and before he passed away, he told his wife to tell me how much he appreciated the treatments I gave him which restored his ability to walk.

## 24. Piriformis Syndrome

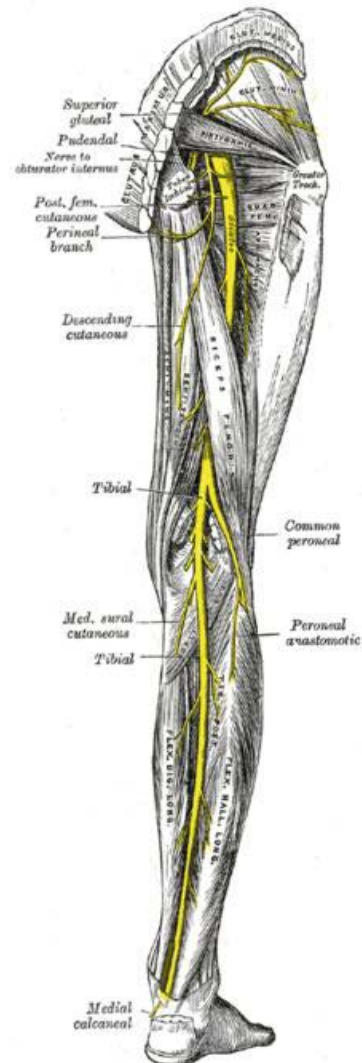
Many patients present complaining of sciatica when actually they are suffering from piriformis syndrome, defined on Wikipedia as – “When the piriformis muscle shortens or spasms due to trauma or overuse, it can compress or strangle the sciatic nerve beneath the muscle.” When the gluteus maximus is in spasm and compresses the sciatic nerve, GB 30 is the appropriate point to treat. When spasms in the lumbar area or disc impingement compress the sciatic nerve, those are the areas to treat. But when the problem originates deep inside the hip – at the attachment point of the piriformis, sciatica can become a very persistent, intractable problem – **unless** one treats the appropriate acupuncture point – GB 29 – deep! The piriformis lies deep and acupuncture is one of the only ways to interrupt a spasm of the piriformis. Proper stretching exercises can also help. The common M.D. alternative is to perform surgery and to sever the piriformis muscle! Not recommended!

There are a couple of ways to differentiate piriformis syndrome from sciatica caused by other sources. One is to treat the sciatica unsuccessfully by focusing on the gluteus maximus and lumbar areas. The other is to palpate the GB 29 area straight away for tenderness. Usually if the piriformis is involved GB 29 will be reactive to palpation. This was the case recently with Dr. Stan, an osteopath wise enough to come to me for treatment when he developed sciatic pain. I needled GB 29 deeply – 2” to 2.5” and also needled GB 30, GB 31, GB 34 and ah si points. I stimulated these with 2 and 100Hz e-stim for half an hour.

**Result?** Often it takes several treatments to effect a 100% recover, but in Dr. Stan’s case, one treatment was enough for a complete recovery.

## 25. Psoriasis

Over the past 10 years I’ve come to treat psoriasis primarily by addressing intestinal health, recommending very high doses of EPA/DHA fish oil (4,000 mg per day +), and by applying externally



Nerves of the right lower extremity  
Posterior view.



a specific oatmeal extract, Ching Wan, Hung, fish oil, and/or a carbonaceous humic acid compound.

However, in 1976 I assisted Dr. Shen in treating an enormously politically important patient, the Majority Leader of the Massachusetts Senate, who had long suffered from psoriasis. This was a time when the practice of acupuncture was a 3rd degree felony in over 45 of these United States and had only recently been allowed in California, Oregon, and Washington, D.C. The Massachusetts Attorney General had just ruled in 1975 that acupuncturists could work under the direct supervision of an M.D., and Leon Hammer, M.D. had graciously agreed to supervise Dr. Shen's practice.

Dr. Shen had **diagnosed** this patient's psoriasis as coming from poor digestion and deficient Spleen function. This makes sense when one considers the following: Normally, the intestinal wall is intact, and only amino acid particles from properly digested proteins pass through into the bloodstream. If the intestinal wall is perforated (leaky gut syndrome) from dysbiosis (colonies of unhealthy bacteria), then whole proteins can pass through into the bloodstream. The immune system can then mobilize to attack these proteins as foreign invaders. Unfortunately, in the process the immune system also attacks similar proteins such as are found in the joints – causing rheumatoid arthritis – and the skin, causing psoriasis by an autoimmune reaction.

Dr. Shen's **protocol** was pretty simple: acupuncture to UB 18, 19, 20, 21, 23, and 25, and 26 – all then treated with moxa placed in aluminum cups atop cardboard insulators.

**Result?** The Senator had a very good response and showed his gratitude by extending protective vibes over our profession in the state at a time when we had few political allies and no lobbyists.

## 26. Sciatica

As stated before, first rule out piriformis syndrome. Then determine whether the sciatica is caused primarily by a spasm of the gluteus or by lumbar muscle/disc problems. Sciatica is much easier to treat when there are no disc involvements. It's important to differentiate the source of the problem, whether from the hip directly or from the lower back. It's also important to ask whether the pain goes down the side of the leg along the UB channel or down the side of the leg down the GB channel. As a general rule of thumb I needle GV 26, then UB 23 and UB 25 and 26. Next I treat points associated with the channels involved from among the following: UB 40, UB 36, UB 60, GB 30, GB 31, GB 34, GB 39, and ah si points. Usually I treat these leg and back points with 2 and 100 Hz e-stim, but not necessarily. When the problem originates from the lumbar area, I also usually do either cupping or *gua sha* massage. In most cases I usually do ear acupuncture as well to the lumbar and sciatica points.

I've treated many, many sciatica patients and am not going to refer to an individual here. Suffice it to say, acupuncture works to treat sciatica.

## 27. Shoulder Pain

So many patients, so little time to write. First off, a *New York Times* article warns of the dangers of relying on MRI information to determine if shoulder surgery is necessary:

[www.nytimes.com/2011/10/29/health/mris-often-overused-often-mislead-doctors-warn.html?pagewanted=all](http://www.nytimes.com/2011/10/29/health/mris-often-overused-often-mislead-doctors-warn.html?pagewanted=all)

M.R.I.'s conducted on healthy baseball pitchers who had suffered no injuries found abnormal shoulder cartilage in 90 percent of them and abnormal rotator cuff tendons in 87 percent. Conclusion: usually it is not required.

In my experience, acupuncture, e-stim, *gua sha* massage, and simple stretching exercises usually help most patients with shoulder pain. The most commonly used points for shoulder pain are L.I. 16, 15, and 14; TW 3, 14, and 15; S.I. 11, 12, 13, and 14; St 38; and the outer UB channel points along the scapula. Depending on where the problem is, I choose from those points - and also use the Upper Triples written about in **Acupuncture, a Comprehensive Text** by Bensky and O'Connor (TW 14, L.I. 15, and a special point at the tip of the coracoid process).

An instructive case study is that of Marvin, a 55 year old dentist who suffered from right shoulder pain and had not responded to physical therapy. This was a serious matter for him as the pain was interfering with his ability to practice to such an extent that he was considering an early retirement. I needled L.I. 16, 15, and 14; TW 3, 14, and 15; S.I. 11, 12, and 13; and needled and did 2 and 100 Hz e-stim to the outer UB channel points and the Upper Triples. Then I did *gua sha* massage along his scapula and SI channel and atop the shoulder.

**Result?** Marvin had a complete recovery in two treatments. He is now 65, still practicing, and I've seen him twice a year for tune-ups since.

## 28. Tachycardia

After his recovery from a multitude of ailments, Otis, age 63, called me at home one Saturday morning at 7:30 in a panic. He'd been up all night with tachycardia, and his pulse was still racing at 160 beats per minute. Half awake and unwilling to drive 70 miles to do a home visit, I advised Otis to get a pencil with an eraser on its end. I then taught him how to locate Heart 7, and I instructed him to massage H 7 with the eraser.

**Result?** He did so for a few minutes, and his pulse rate dropped down into the eighties. I told him again to massage H 7 for a few minutes, and his pulse rate dropped into the seventies.

Then I went back to bed.

## 29. Epicondyle Tendonitis

Steven was a 92 year old golfer who had retired 40 years previously from his career as a Detroit auto designer to come to Florida to play golf. He'd done so almost every day since and had been featured on the cover of Golf Digest for shooting the most rounds below his age (over 100) and the most strokes below his age (12 – he shot a 69 when 81 years old). He presented with a sore right elbow, his only health complaint. I needled L.I. 4 and 11, TW 3 and 10, S.I. 8, Heart 3, and Surround the Dragon ah si points. Then I did cross-fiber massage to the soft tissues surrounding his elbow.

**Result?** In two treatments he was better. Ten years later I read in our local newspaper that at age

102 Steven was still playing golf and still shooting below his age.

### 30. TMJ

Dick was a 56 year old who suffered from right-sided temporomandibular joint pain after a motor vehicle accident. This is a common ailment that responds well to the following protocol:

1. Acupuncture to L.I. 4 and 11, St 6, 7, 8
2. E-stim at 2 and 100 Hz to L.I. 4 and 11, St 6 and 8

**Result?** After five visits, Dick was pain free. His only remaining complaint was that he wouldn't be able to collect a big insurance claim for a permanent injury.