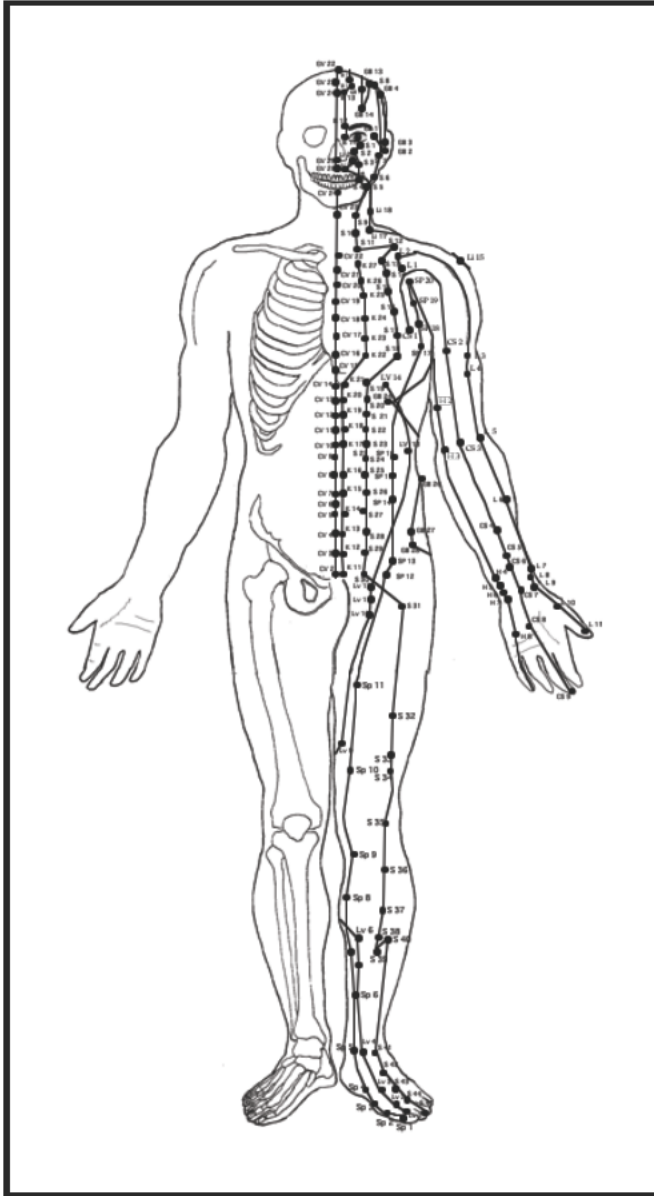


Understanding of the Principles And Practices of ACUPUNCTURE



Based on the **QUAN LI K'AN** style of Martial Arts

By Bruce Everett Miller

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This book is intended for anyone who wants to learn and understand the real reasons behind why acupuncture works. I admit that the majority of my audience will be in the field of martial arts and therefore I have added explanations and special references to other books to help those that want to research and get an even better understanding of the principles behind Acupuncture.

THIS BOOK IS NOT DESIGNED TO BE A MANUAL TO TEACH YOU HOW TO PRACTICE ACUPUNCTURE ...you need Academic training for that... this book will teach you the WHY and How it is done ... not the same as being guided through actual practice

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want to research and get an even better understanding of the principles behind Acupuncture.

I expect this book to be useful to a widely diverse group. It is one of, if not the only book I know, on the market which gives a complete explanation of the real actions and why's of acupuncture PLUS techniques on how to Use acupuncture.

Even those not interested in martial arts per se, should find this book interesting simply because it is a concise explanation and summary. This book is the opposite of the hocus pocus; magic explanations that most writers resort to because they do not understand the real physiology. This book explains what really happens and how to use it.

In short, if you really want to understand acupuncture, then this where you want to be!

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An Understanding of the Principles and Practices of

ACUPUNCTURE

This book is **NOT** intended to teach you HOW to practice Acupuncture...

You need certified Training for that

This Book is designed however to teach you the REAL reasons

Behind why Acupuncture works.

And give insight and References you can use to verify what I say

And it will also give you how such relates to Martial Arts

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No More Excuses

I had been threatening to write this book for some time now. I had also made a lot of excuses as to why I hadn't gotten around to it before this. The real fact, however, was that I really didn't want to tackle the amount of work it was going to take to write a book complete enough to be definitive and yet easy enough to understand so everyone could understand it. In short, I was not willing to write a book that only a Ph. D. in neuro-anatomy or neuro-pharmacologist could understand. [FWIW I have been trained in both.]

So what brought about this book? Well, one of my personal soapboxes is people who only know the superstitions, and are more than willing to lead the interested and new martial arts students down wrong paths for their own personal ego or financial gain.

A perfect example of this occurred not too long ago at a seminar I attended. One of the younger students (he was about a first degree black level, I believe) asked a very legitimate question of why a specific technique worked. It was a legitimate question. However, instead of giving an answer, the lecturer launched into a lengthy diatribe of how Chi affected this and every technique in martial arts and how the student was going to have to spend his time memorizing acupuncture points if he was ever going to get good at martial arts.

Well, for the record the technique being performed really had nothing to do with either Chi or acupuncture points. The technique was based on simple pressure point techniques, which were not even closely located to any acupuncture points. (See the book [Pressure Points: The Deadly Touch](#) if you have any doubt on the difference between acupuncture points and pressure points!)

This didn't stop this Mr. Ego, however; he was on a roll. Acupuncture was his crusade and he pushed it to the fullest. He was totally unaware that the more he talked the more those in the audience understood how little he knew.

I wish this example were an isolated event. Unfortunately, it is not. Far too many people are too quick to answer questions without a real understanding of what they are talking about. And it is not without harm either. In this case, the lecturer not only denied the questioning student a useful answer, he may have contributed negatively to the rest of this person's martial arts career. Instead of being able to take a correct answer and build upon it towards a real understanding of what is happening in the body, this student is now headed down a path of increasing vagueness, superstition, and eventual frustrations over why things don't work the way that they are advertised to by the Chi proponents. Worse, should this student's safety ever depend on the techniques and partial understandings, his very life could be in danger.

Well, like the episode that brought about my first book, I decided to put something down for those who want to learn the truth. Unlike my first books, when I believed that the information would only be of interest to students of Quan Li K'an, this time I know that many people will be interested.

How many will take the time to learn the truth or decide to stay with their superstitions remains to be seen. I write books so those who wish to know the truth will have a pathway and not for the financial

bottom line. (I am not being altruistic here, it is just that I have no intention of giving up my Day job...and that pays me far more than enough to survive quite well, thank you, so other income is not my driving force!)

I hope this book sells, but it is far more important to me to provide a pathway for those who are interested in the truth. Not everyone will want to learn the truth. It will mean giving up their smugness on how many points and meridian lines they have memorized.

A real understanding of acupuncture also means they will have to tackle complicated concepts (not difficult, just complicated at first). I promise you, though, once you understand the theory behind it, you will see how wonderfully simple acupuncture can be; like understanding the real principles of pressure points. Once you understand the rules, there is no real reason to memorize points. You have thousands of real points at your disposal faster and easier than any meridian line system. In short, the work pays off in a SIMPLER system!!

IT JUST MAKES IT HARDER

I wish that I could say that my colleagues in medicine were a resource for correcting the superstitions and inaccuracies of acupuncture. But the truth is that even in contemporary medicine where there is supposed to be knowledge based on scientific outlook, I find a willingness to accept half-truths, innuendo and hearsay as the reasons why things work or don't work. Mostly in Medicine it is to completely disbelieve that Acupuncture has any validity – which is as wrong as those that push the Chi ideology. Neither side is willing to look at the fact and the real PROVEN physiology behind acupuncture. I DO NOT find that acceptable in either martial arts or medicine!

The truth is, that we (and patients in the case of medicine) deserve better! When we are willing to accept these half-truths and magical explanations, we rob ourselves of the complete realm of possibilities. Accepting nonsense explanations because they are easier to fit to the present circumstances limits our horizons to the narrow world inside those explanations. I will flat out admit that the medical explanations for acupuncture and related arts are complicated. But there is so much more that can be done with acupuncture than is allowed under the Chi concepts. Limiting ourselves to the Chi explanations is no different than putting on a pair of horse blinders. As long as we refuse to look outside these blinders we can make everything seem perfect, but we miss the real wonder of the world around us.

An acquaintance of mine (I don't say friend) probably said it best when he made the statement, "If I use Chi to explain things, then I have a simple theory which explains everything. If I try to use medicine, then I have to go into the fields of neurology, physics, anatomy and a lot more." He was right in that aspect. You do have to enter into a lot more fields. But then, when you do enter those fields you can also explain things like non-responders, knockouts, Ji strikes and pressure point's which, don't match any acupuncture points and, of course, acupuncture points which are NOT listed on ANY acupuncture chart.

His response to how does he explain any of these things? "Well, I haven't studied enough and besides,

they aren't important anyway," and that sums up the philosophy of the wannabe's who want the glory and power of martial arts magical techniques but aren't willing to actually do the mental work to really learn the real principles behind these techniques. Because they questions are

VITALLY important! If you are a martial Artist then your life may depend on you knowing the truth about what is and what is NOT real.

Despite the mistaken street concept that the "real" explanations and the esoteric points are not needed, I believe they are extremely important. When you are trying to stimulate the pressure point of some drug-filled crazy with his hands around your neck and you suddenly realize he is a non-responder, what are you going to do ... ask him to stop a minute while you go consult your acupuncture chart? Or drop him with a reflex point that no one can resist but isn't on any acupuncture chart?

My point to all of this is that it is a fair deal of work to get a complete explanation of what is really happening in the human body. It is work because the actions and explanation are complicated. Please note here that complicated does not mean that you need to be an Einstein to understand these principles; only that you have to do some thinking and have a good explanation that can teach you how to cut through all the complicated verbiage and understand what really happens – IN TERMS THAT YOU CAN UNDERSTAND, without having to be a PHD. (Hopefully, this will be that good book.) In the end, though, your study will be worth it. With the knowledge contained in this book you can do a lot of wonderful things to both heal and harm the body; things far beyond the limitations of Chi theory or even the general practice of medicine as we know it in the United States.

The choice is yours. Are you willing to settle for the limitations of memorization and superstition? Or do you want to go for the top, towards the power, which only comes from real understanding?

We are All ignorant in most things.
But Ignorance can be cured with hard work!
ONLY Death cures stupidity

Reasons/Side track

Some people do not understand why I seem to have such a crusade to “debunk the magic” explanations of martial arts. Why does it hurt? Why not just let people believe what they feel like believing the critics of Chi state. They really see it as a waste of my time.

Well, as I have elaborated in my other books, I believe this acceptance of superstition hurts the credibility of all of us in the martial arts. I won't get into the details of this. If you want to read these details, then you can find it in my other books or write to me and I will send you back the long winded answer in a letter. However, I do want to interject one story, which is a glaring example of why I believe what I do and take the aggressive stance I do.

Not too long ago I had the opportunity to be in Haiti as part of a medical mission to help those who needed it the most. While there, we visited a village that had recently been burned almost to the ground. The people, who in their daily lives barely lived above the subsistence level, were sleeping on the ground and trying to scrape as much of their belongings they could from the burned wreckage to start over again. As much of a tragedy as this was, the horrifying part was that they had done this to themselves.

It seems that a local boy had disappeared one night recently and the parents and neighbors had taken up the search to no avail. When they realized they were not going to find the boy, they turned to the local Voodoo priest. (The prominent belief in Haiti is Voodoo.)

The Voodoo priest had convince the parents and villagers that the reason the boy couldn't be found was that he had been taken off by a werewolf. Determined to find and destroy the werewolf, they had burned half the village to drive it out. Well, they found someone they decided had to be the werewolf and hanged him. Unfortunately, after the man was dead they realized he couldn't have been the werewolf because he had been blind. So they burned the rest of the village to find the real werewolf. Not finding another victim, they still felt comforted believing they were safe, as they had obviously driven the werewolf off.

I realized then and there that any medical assistance we could offer these people was next too worthless. They were doomed to live the limits of their superstitions and unless they gave up these beliefs any help we gave would be only superficial and very temporary. Until and unless they were willing to give up the reliance on easy answers they would be prey for one power group or another. These people no longer controlled their life. Their fears and superstitions controlled how their life played out.

Even though this is a true story, you may believe it has no meaning for you. The majority of people do

not believe in voodoo and werewolves in this country so we couldn't get into such a situation. But I ask you to take another look. ANYTIME you allow yourself to take the easy answer, to allow magic or mysticism to define your understanding of a part of your life, you are allowing the same process to go on as the believers of voodoo. What other superstitions are you going to limit your life with? In the long run those superstitions may be as dangerous as Voodoo is to the Haitians.

Of course, the choice is yours alone. However, for me, I choose to stand up to the harsh light of reality. In the long run the chances for survival are much better!

Good judgment comes from experience. Experience comes from bad judgment.

Higdon's law

A Little History & Stuff

I am not going to bore you here with the detailed history of acupuncture. Everyone who has read any book on acupuncture has heard that it started around 2500 B.C. and has existed since then. What you may not know is that the acupuncture system we have today is totally different than the system of those days. In fact, in the early days there were multiple systems, which used all sorts of different devices from stones to bone needles to do their work. And there were as many different explanations as there were devices. It was not until the reign of the Yellow Emperor that the system he liked best won out...that is the way it is with any politics. At that point acupuncture was written down (I mean more than in just one or a very limited collection of books) and became the official way of doing things.

Over the centuries acupuncture did undergo significant changes, but the core of the explanations remained the same until a pair of American scientists hearing the reports of acupuncture did some exploring of their own. The two scientists **Melzack and Wall**, unlocked the first and most significant clues to the understanding of acupuncture when they discovered the release of endorphins when acupuncture is used. Over the years since then, Western medical science has progressed rapidly and completed the picture of how and why acupuncture works and how it relates to the rest of the medical field.

The fact that acupuncture is not widely used in the Western world (compared to the Eastern world) is, however, related more to the fact of the inertia of getting the training of its usage into the medical schools AND the fact that, with the wide number of effective drugs available today, there is not the crucial need to fill a void in an area of medicine that exists in the Eastern world. However, as you progress through this book you will find that acupuncture is an excellent adjunct to current medical therapy which complements current therapies, improves some healing rates and gives new approaches to treating some difficult chronic musculoskeletal problems.

Another interesting (and scary fact) is that many of the physicians who are being trained in acupuncture in the United States, are being trained in the old classical methods. YES, the same Chi concepts that I was trained in almost twenty years ago! These physicians are attending seminar courses where they are told to put their scientific beliefs and logic-seeking habits on hold and just take these explanations at face value. While it is openly admitted that there is no basis for believing in Chi, this is the way which the system has been taught for centuries and that if they want to learn acupuncture they will have to learn it this way. Besides, they are told, if they will just be patient, the results are that they will be able to use acupuncture to accomplish many wonderful things. Well, after seeing the results,

many of these physicians do believe the effects they witness and in the absence of other explanations they accept the explanation and learn acupuncture the classical way.

I find this remarkable for two separate reasons. The first reason is that the real reasons of how and why acupuncture works are readily available in any medical library. You just have to be willing to spend the time doing the research (of course, time is money so that is a disincentive). The second reason is that I have it on good report that many of the Chinese medical schools have converted from the old Chi concepts to Western medical philosophy and are now teaching the real (i.e. physiological) reasons why acupuncture works.

Chest Beating

Just so you understand what my qualifications are to be able to expound on the subject of acupuncture, I have included this section. I am not sure that anyone is really interested, but thought it only best so that you can understand I am not personally fabricating any of this material. I mean, one should have some qualifications beside a self-professing claims and regurgitation what they have read in other books, shouldn't they? Yes, I know that is exactly all the expertise most so-called acupuncture proponents have, as most of them have never practiced it themselves, they just talk about it and tell others what to do. Hopefully you will see that I don't exactly fall into that category.

Well first off, let me start by stating that besides being a nationally certified physician assistant, with a specialty in psychiatry [and past emergency training and internal medicine] and additional training in pharmacology and psychopharmacology, I have been involved with acupuncture for over 18 years now. I was first taught acupuncture the classical (i.e. old) way, meaning that I had to learn all the acupuncture meridians and what they were supposed to be able to do and when to do them along with a limited ability in pulse diagnosis and some herb pharmacology. (Pharmacology is the study of the action of chemicals, including drugs, on the human body.) I also learned the arts of Anmo Yao (massage medicine) and a few other cute and useful tricks, which I won't bore you with by elaborating on at this point.

I was taught all this as a part of my martial arts training because I was taught that it is not only better to be able to heal than to kill, but even more importantly, you had to know how to heal yourself after you had gotten hurt.

So, to answer the critics, yes, I did learn the old way and I do know your way of practice. I can do it just like you do. I just don't need to. I use the Western medical/physiological explanations and understanding because with such I can not only do what you can, I CAN DO MUCH MORE!

So much for the chest beating and chastising. It is about time we got down to work

The Concept of Chi

Despite what many may try to tell you, To really understand acupuncture it is not necessary to understand anything about the concept of Chi. However, to understand why there are differences in the theories of why acupuncture works, and what those who propagate Chi theory believe and tell their patients, it is helpful to understand at least a simplified version of how Chi theory is supposed to work.

The actual concept of Chi, of course, dates back to the very first attempts to explain how the body works as a system. Early practitioners were faced with much they didn't understand and felt that somehow everything they observed about the human body should fit together into a complete system. Over time this led to the conclusion that there was some sort of energy in the body, which regulated health and functioning. It was felt that the organs of the body stored, regulated and distributed this energy based on a set of complicated rules.

Restricted by religious belief and morals of the time, medical practitioners were prevented from doing autopsies on cadavers, so information gained on the working of the particular organs came from chance observations. Particularly this limitation of not being able to detailed anatomical autopsies delayed the understanding of the nervous system of the body. In all fairness, the lack of a magnification system at this point in the historical development of Chi also played a very significant factor because what observations were possible were limited by the powers of the naked eye which is obviously unable to adequately visualize the fine network of nerves which pervade the body.

Faced with a belief that all the organs were interrelated but unable to understand the nervous system and the hormonal/endocrine system, ancient practitioners developed the concept of energy transfer between organs through special pathways. Integrating this belief of energy transfer along special lines with the observed knowledge that certain conditions could be affected by altering special points on the body they developed a series of energy transfer lines called meridians.

The belief was and still exists today, for those who study and believe in Chi theory, that the body has special meridian lines, which transfer a type of physical energy from one organ to another and throughout the body. Complicating this belief is the belief that there are special rules, which govern how much energy, flows and which meridian, the energy flows in. [Quite a few "special rules" by the way]

These conditions, which include factors such as the time of day, the movements of the body and the breathing process, are extremely complicated and lengthy to learn. In fact, the concept of special

breathing techniques, certain physical movements or exercises, special massage techniques (usually lumped under the name of Shiatsu or Anmo Yao) and other healing techniques are designed to improve the flow of Chi and to alleviate conditions which cause Chi to be congested, or pooled at points along the meridians.

Chi practitioners believe that every illness is due to an imbalance of Chi energy, whether it be an excess or shortage. The goal of the Chi medical practitioner is to correctly diagnose which meridian lines and organs have an imbalance of Chi energy and then reestablish that balance.

Acupuncture was specifically designed to adjust the perceived imbalance of Chi energy flowing throughout the meridians by stimulating special points along the meridians. Based on the individual practitioners type of training and belief needles, massage, special herbs (called moxibustion) or teas are used to accomplish this.

In the next chapters we will see that today, at least in the scientific community, the workings of acupuncture are thought of quite differently from classical Chi theory in the understanding of how and why it works, acupuncture's use in treating medical conditions and how acupuncture effects the body as a whole.

It is as much of a sickness to become attached to one's enlightenment
as it is to have a maddenly active ego

Complications, Complications

Before we start there are some esoteric things you need to know about the practice of acupuncture. First off, the laws to practice acupuncture vary widely from state to state. In some states only

Licensed medical physicians can practice acupuncture. In other states there is very little regulation at all. This means that in some instances you can find well trained individuals who not only know when they can help you with a problem (versus just taking your money ... you can always find that type. Easily.) And when you should be referred to a different practitioner (like possibly a orthopedist for chronic joint problems, or an internist for a significant medical problem, etc.).

It also means that you cannot even buy the supplies or practice on yourself in some states. I can only suggest that you check your applicable state laws before you do anything illegal.

KNOW WHAT YOU CAN LEGALLY DO AND WHAT YOU ARE DOING BEFORE YOU CAUSE LEGAL OR PHYSICAL DAMAGE!

Secondly, you need to understand that the practice of acupuncture is not benign. Especially you must understand the risk of putting needles into people because unless you know EXACTLY what you are doing you run the risk of causing damage to organs, blood vessels and nerves under the surface of the skin. What you do not get in many charts is information on just exactly how deep is the acupuncture point, and if it is there, many times the depth is recorded in Chinese lettering. So therefore I caution you: Get some hands-on training by someone who really knows what they are doing before you attempt to work with any acupuncture point. Secondly, check out your state laws and make sure you are completely legal before you even think about starting.

When you are up to your ears in it...keep your mouth shut.

NEEDLES & NEEDLING

When people think of acupuncture, they classically think of sticking needles in someone. In fact, most people have gotten their impressions of acupuncture of what they have seen on television or in some movies. Like most information gotten that way, there are elements of truth underlying the situation but reality is much different. The truth is that while the mainstay of acupuncture is the straight needle which everyone has seen on the television shows or in the movies, there are many different types of needles which can be used and which have been used in the past. In fact, in the past, the majority of practitioners had their own specialty needles, which they had developed over years of their practice, based on what they felt, worked best. Now, all these needles fit into three basic groupings but additionally had variations, which the user was convinced where of benefit. In fact, all practitioners had their own kit of reusable specialty needles of different shape and of different length.

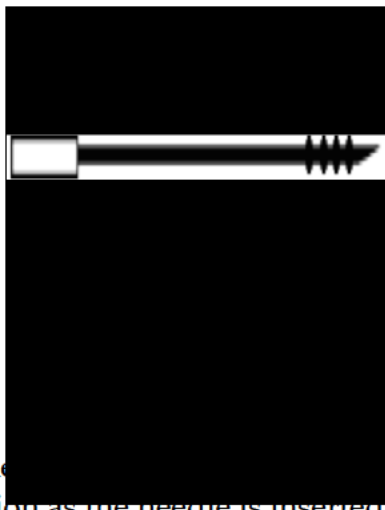
Historical NOTE: In the past some needles even made out of bone or stone.

Obviously today, with the threat of infectious disease, this practice of reusing needles is not acceptable! Therefore, competent practitioners are limited to the commercially available sterile needles. This, of course, does dramatically limit the variations of needles, which can be found.

These are pictures of the three basic types of needles, which are used today. Different lengths are available for each type but the principles of function are the same regardless of length. (See pictures next page)

The first type is the solid needle. That doesn't really need a picture, as it is just a straight long but small needle. As I already said, they are usually found in the range from 25 to 30 gauges, are solid and come individually wrapped and are sterile. The length varies anywhere from ½ inch to 3 inches. (I suppose you will be able to find even longer needles if you really look but I am talking about the majority here, not the exception.)

The second type of needle is the barbed needle. This needle has protrusions off the side of the needle. These protrusions may be either blunt or sharp and cause further stimulation as the needle is inserted, twirled and removed.



The third type of needle is the hooked needle. Like the barbed needle, the hooked needle causes increased stimulation as the needle is inserted, twirled and removed. The hooked needle is the most likely to create some bleeding around the needling site. It also has the greatest stimulation effect.



Today all needles should be made out of stainless steel. Stainless steel needles are much superior to older types of needles, not only because they penetrate easier and with less pain, but, more importantly, because they are stronger and thus have much less chance of breaking off and leaving the tip inside a client. Additionally, needles should be the single-use, disposable type. Nowadays professional practitioners of acupuncture can obtain a ready supply of new sterilized stainless steel needles, which only cost between fifteen and twenty five cents per needle. At this cost, there is absolutely NO reason to expose a client to risk!!!

Commercial needles today are usually found in the range from 25 to 30 gauge needles (the larger the Number, the smaller they are). The fact that these needles are as small as they are, is very important, because needle size is directly related to how much pain the patient feels when the needle is inserted. The smaller the needle the less pain the patient feels. However, there is another issue here and that is that if a needle is too small it is prone to being broken. **In the past, many patients who were treated repeatedly with acupuncture had bits of needle tips left in them.**

Unless these got infected, (But they frequently did unless the practitioner had excellent aseptic technique) usually no significant problems were encountered by the patient, especially if the needle was in a peripheral location (meaning not in a point which was deep in the central core of the body, major nerve, or artery.) If infection ensued All sort of complications could take place as you would imagine.

All in all, though, it is pretty easy to see why leaving a piece of a needle in someone is something to be avoided. Thus when choosing what size of needle to use the practitioner has to balance safety versus pain. I personally, usually error on the side of safety, and use larger needles. (I prefer 25 to 28 gauge needles and do not go after any deep central points!!) The slight increase in pain is not significant to the persistent irritation of a retained needle or the incision needed to extract such. (Today I use something better than needles that we will discuss in later chapters.)

THE MEAT OF THE SUBJECT

This is the chapter where we get into the real how and whys of acupuncture. So what is acupuncture? Acupuncture is in a strict sense, is the placing of needles or other objects into specific points in the body so as to cause a reaction somewhere in the body. Now, sometimes that reaction is a lessening of pain or a resolution of muscle spasm. Other times it is other reactions like inducing body reflexes, etc.

Actually the first and one of the most significant breakthroughs in the understanding of acupuncture came from two researchers Melzack and Wall.

(See Melzack & Wall, P.D., Gate control theory of pain. Science 1965; 150: 971-9).

These two researchers **proved** that when a nerve is stimulated above normal thresholds, endorphins are released at certain points along that nerve's pathway to the brain. These specific points just happen to be in and around the spinal cord and the released endorphins dampen and block further nerve impulses from traveling up that nerve and associated nerves for a period of time. In layman's terms endorphins (which are a natural narcotic) are released to block excessive signals from traveling up a nerve to the brain. Because endorphins are chemicals, they (can and do) spread out and also affect nerves, which are close to the nerve the body intends to block.

Important Note: Endorphins ONLY affect a nerve at a junction. Nerves do not travel in a single path from our skin or organs to the brain. Instead they travel a certain distance and then form a junction with another nerve, which takes the impulse and carries the nerve impulse a ways further (usually up the spinal cord) and then join with a third nerve which take the nerve impulse into the proper area of the brain. It is at these junctions of the nerves which endorphins have their effects. NO effect occurs on nearby nerves when endorphins are released if those nerves do not also have a junction close by.

Once endorphins have been released the dampening of the nerve impulse lasts up to approximately 24 hours depending on the location of the nerve being blocked, (i.e. how close or distant to a blood vessel) the size of the nerve and the quantity of endorphins released. The release of endorphins explains why anesthesia of an area can occur even when that particular nerve was not stimulated.

There are a couple of important things to understand here. The body naturally releases endorphins to all painful stimulus. The more severe and sudden the trauma the more endorphins are released. This is why there is frequently a period of numbness in a severely hurt area like a partially amputated finger. The other thing you **MUST** understand is that the body is **VERY** stingy when it comes to releasing endorphins. Not only doesn't the body release enough endorphins to control severe pain for any length of time, but it also doesn't release significant amounts of endorphins for chronic pain. It is the **sudden** onset of significant nerve stimulation, which triggers the release of endorphins. Please also note that there are genetic variations in people, which account for the fact

that every person releases a different amount of endorphins for a particular stimulus and also in how fast they break the endorphins down. Thus there is quite a bit of variability from person to person but the reason why it all works remains the same.

Let me put that another way just to be sure you understand what I am trying to say. The body tries to protect itself; even from excessive nerve impulses. Now because of its ability to adapt, the body can learn to handle very intense nerve impulses if they come on gradually. However, the higher brain is not very good at being able to handle a sudden increase in nerve impulses, so one of the protective mechanisms it has developed are chemicals called endorphins. Whenever a sudden large impulse above the level the brain is used to handling comes crashing up the nerve pathways, the body dumps endorphins at the junctions of this nerve. These junctions just happen to be located throughout the spinal cord and in the lower parts brain. The endorphins cause the nerve signal to be dampened or blocked completely if enough endorphins are released. Therefore, numbness of a particular nerve and the nerves which travel next to it in the spinal cord occurs until the endorphins are broken down and gotten rid of by other bodily functions.

Now if acupuncture were merely as simple as the above explanation it wouldn't have taken the world this long to catch on to what is happening. Unfortunately it is not that easy and there are a few complicating factors.

In the explanation above, we described nerve signals, which traveled along nerve roots into the spinal cord (where they could be blocked by endorphins) and then up to the brain. All that is true, but you must realize that when you have any impulse, which travels up the nerve to the brain, the impulse actually travels on two different nerve fibers at the same time. These fibers are called A and C type fibers. The purpose of the A type fibers is to carry the sensation of light touch and sharp pain to the brain. The C type fibers (which carry nerve signals at a much slower rate than the A fibers) carry the sensations of deep touch and dull pain, which allow the brain to finally locate where a sensation is and classify the sensation.

fibers are designed to invoke reflex responses, whereas C fibers are used to help locate a sensation and to adapt to the stimuli. This is why you can touch something sharp or hot and jerk your hand back before your brain has even located exactly where it was that you were stuck or burned. What happens is that the A fiber carried the sensation of sharp pain to the spinal cord which then initiated the reflex retraction of your hand before your brain even got the message you were hurting. (This is called a level 1 reflex. See [PRESSURE POINTS: The Deadly Touch](#) for more on reflexes and their use in martial arts combat.) In fact, the sensation of sharp pain would arrive at your brain about the same time that the signal to move was arriving at your hand causing it to retract. It isn't until the signal from the C fibers arrive that your brain has enough information to be able to tell which finger and which part of the finger was hurt.

Now this may seem like a very esoteric discussion but it is **ESSENTIAL** for understanding acupuncture anesthesia because when you dump endorphins into the nerve junction they are dumped almost exclusively at C fiber junctions. This means you can block the severe pain of an area and still leave the sensation of touch intact.

PLEASE NOTE: There is a difference between sharp pain and severe pain. "Sharp" refers to the quality or type of pain, NOT to the amount (sharp versus burning versus cramping, etc.) of pain.

“Severe” refers to the amount of pain and NOT the quality.

Once you realize that the nerve junctions for the A and C fibers are both located in the spinal cord, are not located exactly at the same location, yet are relatively close to each other, you can understand that if enough endorphins are released you will cause complete anesthesia of an area. This is why acupuncture can, and in some cases is, used for anesthesia for even major surgery like lung or heart surgery. (This is not common practice in the United States but acupuncture is used for such in China.) In this anesthesia, the patient has no more pain than in regular surgery, they are just awake but also have less residual from not having to deal with the drugs that are normally used to make someone unconscious.

NOTE: Acupuncture will NOT cause muscles to completely relax, like certain special drugs. I have been told that it is common practice in China to mix muscle relaxants with the use of acupuncture for those surgeries in which complete muscle relaxation is needed (such as hip repair / replacement). Thus the patient benefits from still being able to get by with dramatically less drugs but still obtain the necessary requirements to be able to do the surgery.

This is all well and good, but how do we know which nerves are responsible for that pain in our shoulder and, more to the point, what can we do about it? Well, the first thing we have to do is to locate which pathway the nerves travel and then get some endorphins dumped at the appropriate nerve junctions so we can shut off the pain. We have already stated that endorphins affect the nerves around the one where the endorphins are released. However, do not think that they blindly are dumped in quantities where the whole area of the spinal cord is affected. So we have to be able to get nerves fairly close to the one(s) we want to affect or we are not going to be able to do what we want.

Obviously we are talking about being able to block nerves through endorphin release in a very regulated distribution. We want to dump endorphins so that it affects our shoulder (if that is what was hurting) and not dump them so that they affect our big toe or some other area which is not hurting. Luckily, we can trace the area where the pain is back to the spinal cord in a well-known distribution pattern. This distribution is called a dermatome. A dermatome is an area of the body, which has all its nerves going back to one area of the spinal cord.

Once we know which area of the spinal cord is receiving the pain nerve impulse we can go into the same dermatome level and cause some endorphins to be released and block the pain. Obviously, we have to get to the nerves which are close to the area which hurts, but that is easy for we already know where it hurts, all we have to do is to select the appropriate points around the area where we hurt.

So where are these appropriate points? Well, you can look these points up in a chart or in another book. I have even included a partial list of points for you so you will have a reference to go by. But there is also another way.

When an area hurts, it is usually because the major muscles of that area hurt. Sometimes, though, it is the smaller muscles and not the major muscles. This occurs frequently after doing an activity, which you have not done for quite a while. Your major muscles could handle the load but your smaller muscles, used for stabilizing the movements, get overused because they are not used to the activity and now they are telling you about it. If you trace the hurting muscles back to their insertion you can find an area to stimulate which will cause the pain to be lessened.

You can even do better by stimulating the area called the Golgi tendon apparatus with acupuncture

because it allows the muscles to relax and thus heal faster. (More on this relaxation later in this book. You can also read more about causing muscles to relax...especially in your opponent in the book and video called POISON HANDS: Truth, Techniques, and Reasons.) In fact, the more point you stimulate in the same area of the SAME DERMATOME the better the pain relief (in that area) will be. **[See pictures of dermatomes in Appendix C]**

I am not the first person to observe that this dermatome pattern exists in acupuncture points. Not even close. Medical practitioners have been noticing this for as long as they have known about acupuncture. In fact, you can check it out yourself. If you look at a dermatome chart and superimpose it over an acupuncture chart you will notice that points in the same dermatome area affect the same structures even by their acupuncture definitions. These points are on different meridians but they affect the same parts of the body. Why? Because they are in the same dermatomes. (For example, take the points used to treat anorexia. UB 18 & 20, SX 12 and LI 14 are all in the same dermatomes.) It is just that the Chinese didn't understand dermatome theory when they discovered and mapped out acupuncture points. So you can still use the old acupuncture charts.

They are right; it is just that they are much harder to deal with than dermatome charts are! (YES, YES! I know that there are also points not in the same dermatomes. I am coming to that. Please be patient!)

The next point which is important is the fact that endorphins can not only be dumped at nerve junctions in the spinal cord, but they are also frequently dumped at centers in the lower parts of the brain which regulate how much nerve activity passes from the spinal cord to the brain. This area is called the Raphi Nucleus (See the book THE COMPLETE BOOK OF LIGHT FORCE KNOCKOUTS for more information on how this relates to level 3 knockouts.)

The last paragraph is important when you realize that the brain has more nerves reaching it than it can possibly handle at once. Therefore, to handle this situation and not require a brain as big as a large watermelon just to process all the nerve information, the lower centers of the brain combine nerve signals from different parts of the body. It is very important to realize that when it does this combination, however, the same areas are not combined in both the A and the C fibers. Thus, because of the differences in the combination, the brain can decode the information and still tell where a nerve impulse came from. (This is not exactly true for internal organs due to the sparsity of nerves, but it is true for nerves of the skin, bones, etc.)

Despite the fact that the brain can decode the information to tell where a nerve impulse came from, the fact is that the protection centers of the spinal cord and the lower brain do not care. They are triggered to dump endorphins whenever any nerve impulses suddenly exceed certain limits. This implies that if you know where to press (or hit, in the terms of martial artists) you can strike different areas of the body and have the impulses combined together as they progress up the spinal cord. This relates to some of the martial arts knockouts. It also relates to why acupuncturists can stimulate different parts of the body, far apart from each other and still have the effect they were trying for.

Obviously it would be extremely complicated to figure out which parts of the body relate to each other. Well, it is, if you are not aware of a branch of medicine called embryology. Embryology is the study of how the body develops from the first fertilized cell to the full infant ready to be delivered from the womb. (Once the child is born, the embryologist realm ends and the related specialties of neonatology and pediatrics takes over.)

Unlike the ancient Chinese who discovered acupuncture, we are able to follow the development of the

embryo and see that certain nerve tracts (groups of nerves) develop and grow at the same time. We can also see that it is these nerves that developed together which are combined together in the lower brain even though they may wind up serving completely different and widely separated part of the body. This is why you have nerves, which goes to parts of the ear and parts of the stomach (called the vagus nerve when all combined), which are connected and combined in the lower brain. In fact, the vagus nerve is about the biggest nerve of the body and is combined (at different location with in the lower brain) with nerves throughout the rest of the body.

This explains why acupuncturists have been able to stick needles in someone's ear or in wide dispersed dermatomes and still affect that person's ulcers or their colons or even pain in their legs.

In most instances information degenerates as it passes downward.
In a bureaucracy it degenerates equally well in all directions

EFFECTS

In the last chapter we explained how acupuncture works. By now you should be very familiar with the principles, even though as of yet we have not identified any points for you to work on. Before you rush out and start sticking needles into someone (or even yourself) there are a few things you should know.

First off, you have to be aware of the fact that what you are really doing is stimulating a nerve. (Yes, we said that in the last chapter.) But think about it for a minute. We also said that the body degenerates the endorphins which it releases. The question you should be asking at this point is how long does the effects of acupuncture last? The answer is that it depends on the amount of stimulation you do to the nerves you are stimulating. The body requires a significant sudden stimulus to a nerve to release endorphins. The more that stimulus is the larger the endorphin dump is...to the limits of the area to release endorphins. There are limits.

NOTE: You should also know that major portions of the spinal cord have a special reflex which works within the cord so that if one area is significantly stimulated the other associated areas are stimulated. Now the stimulus to trigger this reflex is fairly significant, but there are ways of doing just that and causing large areas of anesthesia. This is how Chinese surgeons have been able to perform lung or liver surgery on someone who is completely awake but yet that person is not in any pain. We will get to the details on how to do such stimulation in the next chapter.

If you read the chapter on Needles you will find information on three types of needles. Just looking at the needles you can pretty well determine the stimulation and damage they do to a nerve as it is pierced. The fact is, the more damage you do to the nerve, the more of a stimulus you cause. Also the more damage you do, the longer the nerve is going to be putting out signals.

Those signals are important because of a particular effect of nerves blocked by endorphins. Once the body has blocked off a nerve junction with endorphins, it has to determine if it should keep on dumping out more endorphins or simply let those which have been released be broken down and have the normal signal resume. If it waited for the endorphins to be broken down and then reassessed the pain only to dump out more if such was needed you would find the patient with periods of being pain free alternating with periods of full pain. Anyone who has been under acupuncture can tell you this is NOT so. Once the anesthesia is there, it lasts until full sensation gradually returns...sometimes for several hours or possibly up to 2 to 3 days.

The reason for this is that the spinal cord, which has been blocked, is still observing the nerve impulses coming in to it. As long as there are some significant impulses reaching the effected area of the spinal cord segment, endorphins will continue to be released.

Even if the impulses are not even close to the intensity of the impulses, which started the blocking action, endorphins will be released. Thus a nerve which has been damaged by an acupuncture needle

will continue to send out nerve signals for a considerable number of hours before the level of the impulses it generates subside below the level where they can no longer trigger further release of endorphins.

Yes, these needles do damage the nerve and can cause scarring of the nerve, but unless the

Acupuncturist is excessive there shouldn't be any lasting damage to the nerve based on the fact that the needles are small and they do repair themselves. However, excessive stimulation or trauma to the area may cause the nerve to die and cause areas of numbness. The size of the area depends on the size of the nerve affected. The bigger the nerve, the bigger the area, of numbness. MOST acupuncture points though are small nerve plexuses and thus the areas of numbness would also be small possible even to the point of not being noticeable.

Another thing, which you need to realize, is that acupuncture works best with a changing stimulation. Obviously as we have already explained, you have to have an appropriate level of stimulation to get an acupuncture point to work. However, you should also know that the body works best in recognizing changing stimulation. (See the book Pressure Points: The Deadly Touch for more on this...especially on how it relates to using rolling effects in martial arts captures and controlling an opponent.)

This means that while that needle stick will cause appropriate stimulation, (while it is being inserted or withdrawn) there is very little recognized stimulation of the nerve/acupuncture point while the needle is in the point. This is why different needle shapes were created and also why the acupuncturist will twist the needles to achieve the effect they want. Therefore, unlike the movie picture of the person sitting there with a back full of needles, the real effect is created usually with two or three possibly five needles, which are inserted and then twisted every so often to cause continual stimulation to occur.

Another cute approach which is being done frequently in mainland China, especially for patients who are about to undergo a surgical or dental procedure using acupuncture for pain control, is to hook the needles up to a low voltage current of the correct frequency. This way continual stimulation of the points occurs without the need for several people to stand there all day twirling the needles.

Everyone has a simplistic solution..., Which doesn't work
(Well, you can pretend it works, if you narrow your vision down enough)

Meridian lines

The inevitable question at this point is why there are meridian lines if in fact acupuncture points are or should be grouped along dermatome lines? Well, the answer is twofold. The first part has to do with the fact that when nerves come out of the spinal cord they do not traverse along the skin to their end point. The main nerves actually travel fairly deep under the skin and send off branches of nerves up to the outer layers of skin.

Bear with me while I take you on a fairly detailed look at the nervous system. If you look at a diagram of the areas where these nerves branch off from the main nerve track and come up to the skin, you will see that every nerve branches off at approximately the same distance from the spinal cord. If you connect the points where the nerves branch to the surface from dermatome to dermatome you will see that you have drawn a line parallel to the spinal cord which just happens to correspond exactly with a meridian line. This is easiest seen in the nerve branches of the back where it is absolutely clear that the meridian lines correspond exactly with the meridian lines. You will also see that there are more than one set of areas where nerve branches occur, thus explaining the fact that there are more than one meridian line on the back.

The second part of the answer deals with meridian lines, which seem to wander all over the body. As we said, the brain combines the signals from several different areas together as the nerves progress upward through the spinal cord and into the brain. Some of these junctions do not occur until the lower parts of the brain stem are reached. However, because of this combination we can stimulate any of the other branches of nerves (which are combined with the nerve to the area we wish to treat) and block the intended nerve. The meridian lines, which wander across several dermatome lines in the extremities, take this principle into account. If we stimulate these combined nerves they will, of course, cause endorphins to be released and block both nerves. Thus you can stimulate vastly separate nerves and cause a combined effect on the nerves they form junctions with.

However, this is where the beauty of knowing Neuroanatomy takes place. Because in the majority of cases these meridian lines follow Cutaneous branching of the major nerve, by stimulating the extremities you can stimulate any point along the major nerve and cause the effect you desire. In fact, this understanding of neuroanatomy gives you dramatically more points to stimulate than standard acupuncture tables have listed. Therefore, you can cause dramatically superior results, especially in the case of extremity pain. Neuroanatomy understanding allows you to stimulate as many points as you need. Block the degree of pain you want and dramatically increase the healing rate.

Complicating the Issue

One of the more confusing aspects of acupuncture for both Chi proponents and beginning students of acupuncture in Western philosophy is the understanding of how the body's reflexes can stimulate nerve impulses across dermatome lines. Up to now we have held the discussion to imply that all nerve impulses travel up and down their specific dermatomes and that is it.

Unfortunately, that is not completely true. There are specific reflex nerves, which cross areas specifically designed to cause signals generated in one dermatome to cross over and stimulate nerves in dermatomes next to the original dermatome. An example of this is the reflex nerves of the upper thoracic spine, which carry heart pain down the left arm during a heart attack.

To understand this, let's go back and reexamine how nerve reflexes work.

Previously we stated that when a nerve is stimulated, a nerve impulse travels up to the spinal cord where it reaches a nerve junction. At this location the impulse can actually stimulate two nerves. The first nerve is the nerve, which will take the impulse up the spinal cord to the brain. If the impulse is of sufficient intensity, a second impulse will also be initiated which will travel away from the spinal cord down a nerve.

This type of response is what is thought of when we think of reflexes: Your finger touches a hot object and your hand jerks back. However, it is very important to realize that this simple reflex usually occurs when the nerve impulse goes in one spinal cord nerve root and goes out the same root. The nerve impulse doesn't have to go out the same root it came in, however. The impulse can go out any of the four possible roots of the spinal cord segment. Generally the two dorsal spinal cord roots deal mostly with muscles whereas the anterior roots deal with the organs and deep muscles,

It is also VERY IMPORTANT to know that the nerve impulse can enter the spinal cord segment from a somatic (skin/ muscle/ superficial) stimulus or from another organ (visceral). This allows for four possible combinations of reflexes: somato-somato (skin or muscle to skin or muscle), somato-visceral (skin or muscle to organ), visceral-somato (organ to skin or muscle), and visceral-visceral (organ to organ).

Thus, besides normal skin or muscle to skin or muscle reflexes it is possible for organs to cause pain on the surface of the skin or other reflex muscle contraction. (This is the heart pain felt in the left arm example we've been using.) Also, one organ can cause another to be stimulated. An example would be when the ear gets stimulated and causes the stomach to be upset, like in seasickness. And the last example is when a skin stimulus can affect an organ, like when you stub your toe and the pain makes your stomach upset.

So far we have only discussed the crossing of nerve impulses from one nerve root to another within the

same spinal cord segment. There are also special nerves, which cause impulses to cross from one dermatome to another or to multiple dermatomes at the same time. A perfect example of this is nerve impulses which pass through the cardiac plexus. (Also the mesenteric, gastric (or celiac) and pelvic plexuses. See the book Pressure Points The Deadly Touch if you do not understand how these plexuses can be used in martial arts.) The nerve impulse can come from any of several spinal cord segments. When it enters the cardiac plexus the signal can be reflexively sent back into several spinal segments and then be sent back out through the same root or any of the other three roots.

If this seems like you now have the possibility of total chaos and a complete inability to predict where a nerve impulse will go or what pathway it will stimulate, you are partially right. It does make for a lot of possibilities. However, there are some factors, which dramatically decrease the confusion.

The first factor we talked about earlier when we stated that it takes a significant impulse to generate a reflex. In short, it takes a fairly strong nerve signal to spread reflexively. The average nerve impulse does not cause the reflex cascade (this is a term for a wildly spreading impulse). Instead normal signals are usually dampened slightly as they travel up a nerve and dampened even more as they travel across the gap between nerves to cause a reflex nerve impulse.

For those of you who understand nerve chemical impulse transmission, what determines the strength of a nerve impulse is the duration of the impulse not just the amplitude. Therefore, the duration tends to degenerate and becomes so short that a reflex impulse cannot be generated. Yes, the amplitude can also degenerate below the critical levels necessary to transmit an impulse.

[[Yes it is far more complicated than that as there are chemicals that can sensitize or desensitize a nerve postsynaptic endplate but i am going to keep this simple and not turn it into a pharmacology text]]

Therefore, the rule of dermatomes still holds for most somatic stimuli and only fails when you are talking about a very strong stimulus. These types of stimuli are too strong to be generated by standard acupuncture techniques. You have to use deep needle techniques to cause this type of stimulation.

For the record, here it is possible to be able to cause both constipation and osmotic produced diarrhea (both of which are mild and limited) from stimulation of the proper nerves. However, let me be clear about this: it takes several hours to a full day for this effect to take place, depending on how high up the intestine is stimulated. Therefore, this is NOT an effect, which is useful for the martial arts in a fight. This effect is different from that of causing the bowels and/or bladder to empty, which is usable in a street situation (usually to convince the person that they really are interested in other things besides fighting). (Again, see the book Pressure Points The Deadly Touch if you do not understand how this works.)

In general therefore, it is still VERY hard to effect organs with somatic stimulation. The exception to this, are the intestines, for two reasons. First, the intestines are so large (long) and receive nerve stimulation from so many different vertebral segments; and second, because the body was specifically set up to shift blood away from the intestines when there is a lot of muscle activity. This is due to the old "fight or flight" set up.

The summary of all this is that organ pain can present across multiple dermatomes. Another example

of this being gall bladder or appendix pain. However, the treatment for these conditions will always be found in a single dermatome.

I cannot give you any rules about diagnosis of a patient who presents with this type of pain except that it takes an experienced clinician to make a proper diagnosis.

Measurements

One of the facets in understanding acupuncture is to realize that because every person is anatomically different than every other person, there will be a difference in the distances of one acupuncture point to another. In other words, every person is slightly different.

So how can you possibly find the correct location of a point if everyone is different, you ask. Well, if you rely on the older classical methods and theories, you have to rely a great deal on experience. Classical acupuncture developed a measurement system, which was relative to the size of the person you were trying to find the points on. It makes for a lot measuring and calculating but it is a way, which DOES give a good way to generally obtain the correct location for each point. The theory is that if you take a body part of the person for a measurement then if the person is larger then that body part will be larger too and vice versa.

In classical acupuncture these units of measurement are called the *cun* and the *fen*. A cun is usually set at the distance equal to the widest part of the thumb of the dominant hand or the distance of the small finger PIP (middle digit of the finger) of the non-dominant hand. For example, if a person is right handed, you can measure the diameter of the widest part of their right thumb (usually the distal joint of the thumb) or you can measure the length of the small finger middle digit of the finger. This distance should be relatively equal and is the unit of the cun for that person.

For greater accuracy a smaller unit was developed to more closely locate points. This unit is called the fen. A fen is determined to be one tenth of the distance of a cun. Thus measurements are generally given in a combination of cun and fen units.

For those people who have an obvious disproportion between their upper a lower body you can adjust the cun by taking measurements of the lower portion of the body. To determine the cun for the lower portion of the body you can measure from the superior aspect of the greater trochanter of the femur to the distal aspect of the lateral condyle of the femur. This distance should be equal to 19 cun.

One you have this distance, you can use that figure for the cun for the lower body while using the small finger or thumb measurements for the upper portion of the body.

Pain is an excellent teacher.....
Especially of what not to do!

Secondary Pain

I need to clarify one point here. In an earlier chapter we talked about pain across multiple dermatomes because of reflex stimulation of multiple spinal cord segments. There is another situation which causes pain to stimulate across multiple dermatomes. This situation is when you have a somatic stimulation which, because of localized swelling, causes stimulation of nerves under and around it.

This nerve irritation causes impulses to be transmitted up and down the irritated nerve pathway and are interpreted as pain and occasional numbness. A perfect example of this is muscle pressure on the sciatic nerve. This common condition presents as sciatica pain that can be very severe but has no spinal anatomic cause. In fact, electromyography testing can show that there is nothing wrong with the spinal cord or with the nerve but that does not relieve the symptoms the person has.

Even more frequent than pain, which radiates, are multiple painful areas - usually called trigger points. These trigger points are common when there is compression on a small nerve as it exits the spinal cord. (This is not the same thing as a true “pinched nerve,” which comes from bony compression of the nerve.) In this condition it is muscles that hold the spinal vertebrae in place that are putting pressure on the nerve. This situation is fairly common and not usually serious, as it resolves spontaneously or with exercise or manipulation. In the case of trigger points, the pain causes muscle contractions throughout the muscles, which the nerve serves and also causes feedback into other dermatomes adjacent to it. Again, the problem can be traced to a single dermatome.

The resolution of this problem is to find the primary source of the pain and resolve that. If that cause is muscle spasm, then acupuncture can block the spasm. If the cause is a muscle or tendon which has been pulled or trapped against another anatomical then that condition will have to be resolved or acupuncture will provide ONLY temporary relief.

Again, a careful diagnosis with an experienced clinician is a must to understand and treat these conditions.

The sum of the intelligence on the planet is a constant.
The population is increasing!

REALITY

By now you should have gotten the idea that the principles behind acupuncture are not only well-known, they take a fair amount of time to happen. Unlike the Grade B Kung Fu movies, you can't just jab an acupuncture point with a finger and cause instant incapacitation. (Do not confuse acupuncture points with pressure or Poison Points! Even though Poison Points take several seconds to have their effect, they are completely different.)

In fact, one thing which was stressed, [and is absolutely true] when I was taught acupuncture (the classical way) was that acupuncture points are chosen so not to cause anymore pain than is absolutely necessary. Therefore classical points have been chosen to have maximal effect WITHOUT causing excessive pain. [VERY different from most Martial Arts pressure points]

Now, I know that many people confuse pressure points with acupuncture points. This is partially due to the fact that many people, who teach pressure points; really do not know what they are talking about.

(I don't care if that makes them mad. it is absolutely true! If you can't tell the difference between a pressure point and an acupuncture point then you really don't know either system.)

Another reason for part of the confusion is because most acupuncture charts are generally vague.

This means they may show pictures but don't show definite anatomical measurements. This makes it extremely difficult to find a point because of the vagueness compounded by the definite anatomical differences between people.

The above facts are compounded by the fact that many acupuncture points are located close to pressure points! This makes the differences understandable (but not forgivable in someone who claim to be an expert). For reference, please note that the difference is that pressure points are designed to cause maximal pain and work immediately and are thus are extremely useful to the martial artist.

In fact, if you try to find a point that works extremely well as a pressure point, you will find that it does not exactly correspond to any point on the acupuncture charts. You may think you are on an acupuncture point, but I can almost guarantee that if the point does cause significant pain and if you look up the cun/fen distances and then measure it out you will find that you are NOT on an acupuncture point.

Reality will never be as attractive as B.S. (as EVERY con man knows)

Mostly because B.S. implies that you do not have to work

To obtain something or that it can be yours exclusively.

Modern Improvements

Actually, when you look at it, in the last thirty years there really have been a tremendous number of improvements, which have affected our understanding of acupuncture and our ability to use this wonderful tool. Not only have we come up with the new charts (dermatome and embryology) but we have also developed a series of devices, which can increase the effects of acupuncture.

The most common and widespread of these devices is something called the TENS unit. TENS stands for Trans Cutaneous Nerve Stimulator. What the TENS unit does is to apply electrical current through the body at specific points, usually the point where a person is having pain. Sometimes they use they acupuncture points in the area but not usually the distal points which apply to the same area. (Why? Lack of knowledge, I personally believe, for the distal points work also.) This electrical current stimulates the nerves under the contact pads and triggers the nerve pathway to release endorphins and blockade itself. Thus the patient gets significant pain relief. (All is NOT wonderful though, for tolerance to the TENS unit does develop. However, even with the tolerance, patients find such devices useful.)

In approximately the last decade there has been another group of devices which have been developed as an offshoot of the TENS units which are called Cutaneous Electrical Nerve Stimulator (CENS) units. CENS units are smaller, very portable units, which cause low voltage fixed frequency electrical impulses to be delivered to nerve points.

There are some very significant differences between the TENS unit and the CENS unit. First off, the power output by the CENS units are much lower than the TENS units. Typically the voltage for the CENS unit is a about three to five volts, so we are NOT talking about using excessive voltage. (This is not bad because this partially accounts for the lack of tolerance, which occurs with CENS treatment.)

There is also another great advantage of most hand held CENS units. This is that they have built in sensing units in them. Thus, instead of having to guess the location based on experience, or measure it out, you can actually pass the tip of the CENS unit over the area and it will tell you with the tone of it buzzing or flashing light when you are over the best point to stimulate. Then all you have to do is to press the button and the unit changes from a sensing unit to a stimulating device. This, of course, makes the CENS unit much more accurate than using needles because you can correct for any anatomical difference which may exist between different people.

NOTE: Right here I have to make one thing clear. When I have tried to explain CENS units to people

trained in the old methods, they immediately state, “Well you are only sensing skin resistance and nerve locations.” Sheesh! Miller’s fourth law definitely applies here! The skin resistance is altered at these points **because** you have a nerve under the skin.

This is the point I was trying to make these people understand but of course they do NOT WANT TO UNDERSTAND this point because that would mean they would be conceding the physiological explanation for acupuncture!

Please do not take this as an indicator that TENS units are not useful. They are! Mostly because they are so variable, they can be used for quite a wide variety of treatment modes. With the average TENS unit you can adjust the frequency of the pulses, the ramp (onset and decay of the pulse) and intensity.

In contrast, the CENS unit can only adjust the intensity of the pulse.

NOTE : Some MODERN day [FAR MORE EXPENSIVE units can adjust duration of the pulse also]

However, there is also a major difference in the way, which the current pulse is transmitted through the body. With the TENS unit, the patient applies a positive and a negative lead to the area which is to be stimulated. Thus the current travels from one lead to the other through the skin between these two points. Along the way it stimulates the nerve endpoints which surface in this area of skin.

In the CENS unit the patient holds the ground wire in their hand and the unit applies the pulse at the intended point. Because the electrical impulse travels from the insertion point to the ground in the patient’s hand, the electricity will travel along any nerve path directly in that line. This is because electricity follows the path of least resistance and nerves are built to transmit electrical/chemical impulses.

NOTE: When the current is high enough the patient can feel this impulse traveling along the nerve pathway. However, because of low voltage, in many cases they cannot feel this stimulation path. This flow from insertion point to the ground happens regardless of whether the patient can feel it or not. Also note that stimulating a point where a major nerve is located frequently causes an impulse to travel distally down the nerve tract. This is true whether the stimulation comes from a TENS or a CENS unit. However, as you can see, because of the greater area covered by the CENS unit pulse, it is far more likely to occur with a CENS unit. Because of the long line of stimulation, the nerve junction is actually activated more when an impulse is transmitted along the length of nerve a pathway. Therefore, more endorphins are released with the greater stimulation of the nerve junction, which, in turn, blocks that same nerve junction and those around it.

Personally, since I first got my hands on a CENS unit, I don’t use needles anymore! I used to use needles but the CENS unit is so superior that quite frankly makes needling almost a barbaric practice!

Therefore, there is a tremendous safety advantage in electro-acupuncture over conventional needling. First off, because you never penetrate the skin there is no blood or other fluids to be transmitted to other patients. Secondly, you never have to worry about inadvertently puncturing a blood vessel or other organ. Thirdly, because quality electro-acupuncture devices all have a voltage control on them, you can adjust the voltage downward so as to minimize the discomfort the patient feels when you are doing a treatment. Thus, you can tailor each treatment to the specific needs of the patient.

And as an added benefit of electro-acupuncture, the nerve is stimulated at a frequency of about two

hundred times a second so you get the maximum stimulation possible for the points you choose.

Now, I will concede this point to those who claim that you will not be able to reach deep points with CENS units. You can't. However, almost 95% of all points are superficial points and can be reached with a CENS unit. Furthermore, deep points are, in my opinion TOO risky and dangerous to be used unless it is a significant emergency. All deep points are close to major blood vessels or organs and if you miss the point and rupture the heart, a lung or the spleen you are going to do far more harm, and in short order, than the good you would have been doing even if you got the point correct. In short, I have seen demonstrations of people needling deep points, but I have never done such and NEVER would even before I came upon a CENS unit.

NO, the ONLY correct and safe way to apply acupuncture today is by means of a CENS unit! Those who are unwilling to move up to the new gold standard are, in my opinion, just endangering their patients. Even if you have never broken a needle off in a patient, even if you have never had bleeding in a needled area or never had any complications at all, you easily could have. Why take the risk? If no other reason convinces you, think about the fact that you will be saving money. All it takes to run a CENS unit is a 9-volt battery and a alcohol wipe pad between patients...tremendously cheaper than the price of needles! [Note some newer devices are digital and use rechargeable batteries inside them ... but they deliver the same sort – sometimes more efficient – energy in a smaller and rechargeable form.]

Of course, once you ever use an electro-acupuncture device you will realize that there are THOUSANDS of more points you can stimulate than are listed on any chart. This is the real point of learning the real principles behind acupuncture in the first place. Opponents only claim they are "false" points because they are not on some chart. Well, the truth is that they work the same, they produce exactly the same effects as their corresponding "real" point on the charts. So what is the difference? There is no difference, except not being on the charts. If you understand the principles behind this book, then you will know that. The truth is that most of my patients never realize what points I stimulate, for some of them come from the charts and some of them are purely anatomical understandings. Furthermore, these patients couldn't care less where I come up with the points I use. All they know is that what I do works to decrease their pain and help them heal better. Believe me that is enough for them!

You never really learn to swear...until you learn to drive.

NOTES for better techniques and Misc. Stuff

One of the things which is great about acupuncture (and here I am especially talking about electro-acupuncture ... also called CENS or Cutaneous Electrical Nerve Stimulator) is that it has a better healing rate for muscle injuries. Let's exclude the subject of immunological response here. That stuff is controversial and we don't need it to prove this point.

The way in which acupuncture helps muscles (and joint injuries which include muscle injury and most traumatic joint injuries do) heal is to break reflex muscle spasm. The way it works is that every time there is pain, there is a component of reflex muscle spasm that accompanies the pain. This is because the pain nerve impulses trigger reflex tightening of the muscles of the area as they travel through the spinal cord. The anatomical basis for this is a structure called the recurrent neuron. These neurons, (or specialized nerves) pick up the nerve signal at the junction within the spinal cord, heading from the muscle (or other structure) on its way to the brain. If that signal is of sufficient strength, the recurrent neuron causes another impulses to be sent down the nerves to the location causing the original stimulus.

Unfortunately, the muscles, which were hurt, and in acute pain, receive this impulse too, so they also tighten. Which if course, is the last thing you want a damaged muscle to do. The tighter it gets, the more chance of doing further damage to the muscle. In fact, the tighter it gets, the more pain is generated so the more pain impulses the muscle sends up the nerve causing an increase in reflex signals and thus more muscle tightening. So suddenly you have a vicious circle, which only stops when the signal of the reflex neurons cannot be any stronger.

Because this vicious circle is a reflex, it cannot be blocked voluntarily. Only by shutting off the transmission of pain impulses to the nerves can you prevent this reflex from occurring. Fortunately, acupuncture, by blocking these pain impulses, does just that. It blocks the pain impulse from triggering the reflex because the endorphins cause both the pain impulse itself and the reflex neuron to be dampened. Thus, because there is no extra tightening of an already damaged muscle, there is no additional damage and the body can spend its time repairing the damage which is already there. I do not have the scientific data to support it because I am unwilling to keep patients in pain just to measure their healing time with and without acupuncture, but my personal observations are that there is approximately a 10 to 20% improvement in healing rates. Many of my patients claim that they get even better rates than that, but I am not certain how much of it is just their relief at being pain free quicker coloring their beliefs. I do know that once they have tried it they are avid fans of CENS units!

When I am trying to help someone with a muscle or a joint pain, which I am certain, is not symptomatic of a more significant complication, then I use enough points and stimulation time to cause the pain to

recede by about 90%. I deliberately try NOT to remove all the pain from the area so that the patient will not go out and abuse the area. I want them to take it easy on the affected muscles and tell them so and why I have not removed all the pain. Thus they have enough discomfort to remind them to rest the area but not enough that it affects the rest of their life and thus speeds up healing rates.

Therefore, I usually stimulate the point I am working with for approximately 20 seconds to 3 minutes. I use just enough voltage so that the person can feel the stimulation without it causing pain. The concepts here being that you want maximum stimulation of the nerve but you don't want to increase the patients discomfort or anxiety.

You can be nice or efficient. Not both.

Immunological responses

One of the things, which many people who have done any reading or study of acupuncture are quick to recite, is the fact that acupuncture increases the body's immune system. Well it does in SOME ways! Through several different mechanisms.

Interesting enough though, the evidence given by those who are trying to push that point doesn't stand up to scrutiny. The evidence that is almost always cited is the number of white blood cells, which can be found in the blood after acupuncture. The more WBC's, the better the infection fighting capabilities, right? WRONG! The truth of the matter is that while there may well be an increase in circulating WBCs, if you look at the absolute (total) number of WBC's in the body, there is no change, before or after acupuncture!! [so you have to determine if there is actually a change or it just looks like it. in this case it just looks like it on the surface but too many people, making such claims are not trained enough to understand the reality.

This is due to the re-circulating of WBC's from the body's pool of non-circulating cells. What happens is that the majority of the body's WBC's are just sitting around in the periphery.

Whenever we are exposed to trauma or there is something which may expose a part of the body to an infection challenge, the body puts out certain chemical triggers which cause all these WBC's to reenter the circulation and head for the area where these chemical triggers were released. (The actual location of the hiding WBC's and the mechanism of reentry and chemotaxis is somewhat more complicated than this, but this is close enough not to be a lie and yet make it understandable.) The truth is that almost everyone I have drawn blood on in the emergency room after any trauma at all had higher than "normal" WBC's.

That is they were higher until you work the formulas to take the pooling effect into account, then these numbers fall right into line with expected values. Of course those not trained in medicine see these higher than expected WBC levels and come to the wrong conclusions!

However, as I said, acupuncture DOES improve the body's immune system. This is due directly to the release of endorphins. The reason for this is that endorphins counter both pain (as we said earlier) and they also relieve depression. (NOT the severe major clinical kind but the mild to moderate types, especially secondary to pain). Thus acupuncture reduces stress. This is very important because the body's natural response to stress is to release chemicals of the steroid grouping. All pain, even if it is not to the severity that it is noticeable on a conscious level, causes stress. Like the headache which builds and builds until you realize that the bad mood you are in is because you have had a headache for the past few hours.

One of the effects of steroids is to decrease the ability of the WBC's to work properly. (The reasons are extremely complicated and you can look it up in any hematology manual if you are interested.) They also decrease all the other immunological responses of the body. Steroids are, in fact, one of the major mediators in regulating immunological responses and part of their job is to keep the body from over-

reacting immunologically! However, as you can imagine sometimes they dampen things a bit too far.

By the way, anything, which has a tendency to improve a person's mood, will lift their depressive feelings and improve their immunological status. (Laughter for example. There are several studies of using humor to improve patients well being ... mentally and physically. In fact, there is a branch of medicine, which looks at the mental physical link and how it affects our immunological status called Psychoneuroimmunology.)

Therefore, in this short chapter I hope I have convinced you that acupuncture can indeed improve a persons immune status [marginally!] and that such improvement is actually well understood and there is nothing any more magical about this than there is with the rest of acupuncture.

Don't let them tell you otherwise! You can look up and verify everything I have said here.

I can't understand why people are afraid of new ideas.

I'm afraid of the old ones.

James Cage

QUESTIONS

Here are some questions (and answers), which may help to fill in the gaps of how acupuncture relates to modern Western medicine.

Q: What about referred pain? Can acupuncture treat it directly?

A: Well, obviously you can treat referred pain by treating the source of the pain. But to your implied question, yes, you can treat the area that hurts directly with acupuncture. This is again where I prefer a CENS unit to needling because you can feel free to stimulate the areas which the patient feels pain to see whether or not they get relief.

In some case I have patients who state they get some relief from such techniques. I warn you that you can really only expect to get about 10 to 20% reduction in pain by stimulating referral pain tracts that are located in different dermatomes than the cause of the pain. The reason for the lack of better response is that the perception of pain is being stimulated along nerve junctions high in the spinal pathway (usually in the brain stem pathways) and thus can not be directly stimulated by acupuncture.

Q: What happens if you stimulate the wrong points?

A: The short answer is nothing, the patient continues to hurt. Assuming that you do not do some damage to the patient when you are treating them, for example by doing a deep needling technique and causing a lung to collapse, there will be no damage. By stimulating the wrong point you will only be blocking pain from the area you stimulated. If there was no pain from the area, there is nothing to block and net effect on the pain is zero. It is possible to TEMPORARILY create numbness if you treat too aggressively, but that will resolve without damage in a short period of time. However, since your patient will still have their original complaint you will still have to find the points, which do work.

Q: Much of Chi theory is devoted to rebalancing the function of one organ versus another. How does the physiological theories relate to rebalancing theories?

A: Actually there is very little to relate. The truth is that repeated research shows that YOU simply cannot stimulate organs to become overactive. You can shut down irritated nerves, which may have had a stimulating function on the organs they influence but acupuncture itself cannot cause that organ

to become hyperactive. (The intestines are NOT considered an usual organ in this case, because motility of the intestines can be affected both in a positive and negative sense.) Thus, if you believe that an organ has become hyper reactive (not a concept which Western medicine has much faith in) then you can treat it. However, please note that some conditions can cause an organ to become TEMPORARILY hyperactive, especially the stomach and intestines which can become disorganized and dysfunctional (see below). Please note here the significant difference in nerve impulse strength, which can be generated by acupuncture versus a physiologic stimulation.

When it comes to rebalancing muscle groups there are DEFINITE explanations that acupuncture can have dramatic effects. Unlike organs, muscles can go into spasm and have a dramatic effect on the pressures exerted on the spine. This can easily be seen in the person's posture gait and general movements. As all practitioners know that these changes in movement, gait and posture, can in themselves put undue strain on areas of the spine, which are unused to functioning in this manner. This is why a patient with a history of minor low back strain can present with complaints of neck pain. Nothing they did directly affected the neck. However, because of the muscle spasm and the way they have changed their posture they changed the pressure on their cervical muscles and now their neck hurts because of it. Luckily, the muscle relaxants usually given to such a patient treats both areas. However, so will the acupuncture because if you treat the low back spasms, their posture will return to normal, they will take the pressure off their cervical spine and their neck pain will resolve. Personally, I prefer a combination of medications and CENS treatment because it is more effective, will lower doses of medication required and does a better job of restoring function than either treatments do separately.

Q: What are your feelings on acupuncture and arthritis?

A: I believe acupuncture is a fantastic tool in arthritis. Note here I said "tool" not cure. As we all [should] know arthritis is an ongoing autoimmune state, or disease process, if you will. Because acupuncture can resolve much of the pain that patients feel, it can restore a lot of function to such patients.

Acupuncture cannot, however, arrest the progression of the disease. Therefore to **solely** treat an arthritic patient with acupuncture would not be in the patient's best interest. As an adjunct to promote and allow the patient to be able to participate in a well-rounded non-traumatic exercise regime it can be extremely effective. The danger, however, is if acupuncture is conceived as some sort of panacea which alleviates the need for conventional treatment.

This question, of course, brings out my soap box that acupuncture needs to be used and regulated by medical practitioners. Not because it is inherently dangerous, but because patients need a practitioner who can make and fully understand the FULL implications diagnosis and the full spectrum of care a patient needs.

Q: What about moxibustion?

A: The short answer is that moxibustion applies heat to the needled areas. There are several types of herbs, which are used. Some burn at relatively low temperatures and are applied to the skin directly

(and, yes, this does cause some burning of the skin but in part of the world this is an acceptable technique) and others are suspended on the acupuncture needles.

Obviously the new needles with their plastic ends are not suitable for suspending any burning compound. Research into moxibustion show exactly the same mechanism of action, effects and side effects (discounting the scarring) as do other means of applying external heat to an area. Personally, I prefer conventional treatments and would not use moxibustion.

Q: What about Acupuncture in addictive disorders?

A: This is an area, which has gotten a lot of publicity. Actually, once you understand that acupuncture causes the release of endorphins, you can easily understand why people who suffer from an addictive disorder can be treated with acupuncture.

At the same time, you should realize that acupuncture is not the slightest bit curative of ANY addictive disorder either. While you can temporarily keep a patient away from their drug of choice by giving them a replacement of their own endorphins, as soon as they miss a treatment they are back to their using state, because in fact you have NEVER had them in a non using state

Please don't assume that you can just stimulate any point to produce enough endorphins to control addiction. The truth is that you have to stimulate multiple points, which cause endorphin release high enough in the spinal cord that the endorphins can spread to the addictive centers.

Q: What do you think about using Acupuncture in mental disorders?

A: While it is well documented that endorphins can relieve depression and thus may also decrease anxiety, there are NO scientific studies, which show a positive results in cognitive disorders like schizophrenia or in dementia.

A case could possibly be made for the use of acupuncture in special individualized cases of EARLY Alzheimer's to decrease pain that may be either cause depression or cause confusion. However it will DO NOTHING to stop the degeneration of the part of the brain that is being affect [and in fact causing the symptoms] ... So again you may hide some of symptoms but you cannot cure them. [[I truly wish they could but that is not possible]

Secondly, if pain is a factor in such a patient, treating the pain without the need for medications which could interfere with mental functioning would definitely be an improvement. However, in my opinion these are specific cases and really stretching the point.

Q: There are obvious uses of acupuncture in relatively acute musculo skeletal injuries and in producing temporary analgesia. However, can you give an example where acupuncture can or should be used for chronic problems?

A: Well first off, let me make it clear that I believe that use of acupuncture in ALL cases depends on a good diagnosis by a trained clinician.

Studies of chronic musculoskeletal pain (without bony structural abnormalities) shows that much of the pain comes from imbalance of muscle tension forces on the spine. In order to resolve such conditions you need to treat the patient with a series of appropriate muscle rehab exercises (not just William flexion!) to strengthen and reestablish the balance. Unfortunately, such exercises are usually uncomfortable to the patient thus compliance is a definite problem. Acupuncture, however, may be used to diminish enough of the pain so that the curative exercises can be done.

A good example of this is shown by a physician I know who uses acupuncture to treat many musculoskeletal problems. In this case he had a female patient who has multiple sclerosis and due to such had developed muscle weakness of her cervical spine during an exacerbation of her multiple sclerosis. She had been treated with a cervical collar during the exacerbation, but the support of the cervical collar had allowed the rest of the cervical muscles to weaken. The collar had simply replaced the support, which the neck muscles had normally provided.

Unfortunately, as with most temporary supports, the body becomes dependent upon them and the patient continues to have pain. Attempts to rehab this patient were totally unsuccessful secondary to pain. However, once the patient began to receive treatment with acupuncture her pain subsided to the point where she was able to undergo physical rehabilitation and was quickly able to give up her cervical collar.

Did acupuncture really cure her pain? NO! However, it did allow the rehab process to proceed, which was curative.

Q: What about the usage of acupuncture in dental procedures?

A: Because of the time needed to produce significant analgesia, [with acupuncture] , in a significant area of the mouth, it is Probably not the method of choice. However, it MAY be a significant adjunct to use low level CENS treatment on a child to produce a small area of anesthesia so as to be able to produce a painless injection of anesthetics.

I doubt this reason however because the injection of an acupuncture needle [although almost painless] in a younger child who cannot understand or see beyond the few seconds of pain. In all fairness though, I would personally recommend the use of the new ultra-fast acting topical anesthetics. [These agents do work VERY FAST! They don't last long but they do allow application of anesthetics that do last a significant time.]

As I seriously doubt the child would understand the mild electrical shocks of a CENS unit or the acupuncture needle as different from the anesthesia needle.

Now I have [in the field uses acupuncture to treat a badly fractured tooth with a very sharp edge. as I had No ability to evacuate the person to a higher medical treatment area and the tooth had to come out. I also did not have narcotics, nor other anesthetics I could have injected into their mouth, [even though I had been marginally trained on such] I literally was in a situation of this being all I had and the patient readily agreed to try and the to proceed once the area had been numbed.

So, yes, I used Acupuncture - it did take some time but it produced numbness letting me extract the tooth. Yes the patient hurt after the Acupuncture wore off ... but far less than had the tooth remained. And the patient recovered just fine, but may not have, if he had cut his tongue from the sharp tooth or

it had gotten infected [yes he was treated with antibiotics that I did have.

QUOTE FROM WIKIPEDIA

While I do not fully agree with all of this quote this I think it is important to see how the world - particularly the Western Medical world comments on Acupuncture

https://en.wikipedia.org/wiki/Acupuncture_-_Sham_acupuncture_and_research

=====

Start Quote

The areas Sham acupuncture and Research

It is difficult but not impossible to design rigorous research trials for acupuncture.^{[73][74]} Due to acupuncture's invasive nature, one of the major challenges in efficacy research is in the design of an appropriate placebo control group.^{[75][76]} For efficacy studies to determine whether acupuncture has specific effects, "sham" forms of acupuncture where the patient, practitioner, and analyst are blinded seem the most acceptable approach.^[73] Sham acupuncture uses non-penetrating needles or needling at non-acupuncture points,^[77] e.g. inserting needles on meridians not related to the specific condition being studied, or in places not associated with meridians.^[78] The under-performance of acupuncture in such trials may indicate that therapeutic effects are due entirely to non-specific effects, or that the sham treatments are not inert, or that systematic protocols yield less than optimal treatment.^{[79][80]}

A 2014 review in *Nature Reviews Cancer* found that "contrary to the claimed mechanism of redirecting the flow of *qi* through meridians, researchers usually find that it generally does not matter where the needles are inserted, how often (that is, no dose-response effect is observed), or even if needles are actually inserted. In other words, 'sham' or 'placebo' acupuncture generally produces the same effects as 'real' acupuncture and, in some cases, does better."^[81] A 2013 meta-analysis found little evidence that the effectiveness of acupuncture on pain (compared to sham) was modified by the location of the needles, the number of needles used, the experience or technique of the practitioner, or by the circumstances of the sessions.^[82] The same analysis also suggested that the number of needles and sessions is important, as greater numbers improved the outcomes of acupuncture compared to non-acupuncture controls.^[82] There has been little systematic investigation of which components of an acupuncture session may be important for any therapeutic effect, including needle placement and depth, type and intensity of stimulation, and number of needles used.^[79] The research seems to suggest

that needles do not need to stimulate the traditionally specified acupuncture points or penetrate the skin to attain an anticipated effect (e.g. psychosocial factors).^[2]

A response to “sham” acupuncture in osteoarthritis may be used in the elderly, but placebos have usually been regarded as deception and thus unethical.^[83] However, some physicians and ethicists have suggested circumstances for applicable uses for placebos such as it might present a theoretical advantage of an inexpensive treatment without adverse reactions or interactions with drugs or other medications.^[83] As the evidence for most types of alternative medicine such as acupuncture is far from strong, the use of alternative medicine in regular healthcare can present an ethical question.^[84]

----- End of Quote -----

NOTICE

I have made the decision NOT to include the list of point I did in my original published book

Because without adequate medical knowledge treatment of some of the conditions they list are dangerous ... USING some would delay treatment for SERIOUS CONDITIONS [like colitis or Angina]

And while you can definitely Look up a list of points on the internet for any condition you decide to treat - but again /I will caution you that anything that is serious condition should be seen by a licensed WESTERN MEDICINE clinician. the patient life may depend on it!

AND because this medium could not possibly include all the necessary charts without being overly large and redundant ...nor could my artistry do what many of these sources have done.

So, while I may not completely agree with their ideology there are multiple EXCELLENT charts to be found on the Internet. Far better than I could ever do justice to

Therefore I have simply listed some resources for those that are interested. I make no endorsements, Nor do they have any connection with my comments or products.

There are obviously many more sites with information available

SOME sources include:

https://upload.wikimedia.org/wikipedia/commons/f/fc/Chinese_meridians.JPGand

AND an excellent site [because of the pictures]

<https://www.smarterhealing.com/acupuncture-points-2/>

CONCLUSION

I have covered the reality of the effects of Acupuncture and given you alternatives for treatment like the CENS unit.

While people in poorer third world countries may not have a choice and May very well die from lack of modern care ... WE HAVE A CHOICE

For non serious or purely pain conditions Acupuncture is a reasonable alternative but please make sure that the pain is not from a serious condition and that simply blocking the pain will not hide the real problem before you discard Modern Western Medicine.

There is a GOOD Reason why even the Chinese are training their higher-level clinicians in proper Modern Western Medicine instead Traditional Chinese Medicine.

They still teach TCM to their lower level practitioners to go out to smaller villages and the country simply because they do not have the resources to train an adequate number of MWM practitioners.

May you use this book and any insight gained in good Health

Please stay safe

Bruce Everett Miller