Pressure Points
The Deadly Touch

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Based on the **Quan Li K'an** style of Martial Arts

By Bruce Everett Miller

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Note that this second edition contains many revisions and new illustrations that the author hopes will make the content easier to understand.

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NOTICES

This book was made to be used in conjunction with a companion DVD "Pressure Points: The Deadly touch." Both the DVD and the book may be used separately, but the book and the DVD complement each other.

The DVD that accompanies this Book is available at

http://www.quanlikan.com

Then go to the IC library and you will find links for YOUTUBE …or you can search YouTube

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I want to thank Robert Agar Hutton for the considerable work he has done to makes this book readable! [It is SO much better to have a trained Martial artist edit something like this because they KNOW what I am trying to say!]

I would also like to Thank Nancy Torbert for repeated editing of the first drafts – to even make it so it could be dealt with by an editor

THE larger they are the more they need you to believe that size and strength matter

However the larger they are the more vulnerable they are - IF - you know their weaknesses

Pressure Points PROVE that it is actually Brain over Braun

Nobody wants constructive criticism.

It's all we can do to put up with constructive praise.

REALITY

There is a basic premise that must be covered before we move on to anything else. That is a basic understanding of what pressure points are and, more importantly, what they are not.

For centuries there have been styles of martial arts, which use some of the available pressure points in the body as part of their styles. The use of these pressure points has classically been recorded in the forms/KATAs that are taught to new students. Neither I, nor anyone who knows what they are talking about can dispute that these techniques are effective. The problem is that there has been a misunderstanding of <u>why</u> these points work.

Until recently, medicine was not advanced enough to understand what was really happening, especially in some of the more advanced techniques. Fortunately that is no longer true. Modern Western Medicine has an excellent understanding of the principles behind even the most advanced pressure point techniques, even some which were considered to be merely fables.

The point is that pressure points are not related to nor dependent on Chi or Ki, as has been claimed by many teachers of pressure points. There is no need to study acupressure/acupuncture points. There is no need to memorize energy flow or meridian lines. The fact is that you can learn to use every one of the pressure points in the body without understanding the first thing about Chi of Ki. Believing or not believing in Chi or Ki is not the important factor. What is important is learning how to do the techniques correctly. To that goal I will offer the explanations behind each type of pressure point, so that you can understand how you can do this.

Note: If the person who has been teaching you has based their lessons on Chi explanations, then I am afraid that if you want to keep that viewpoint you are NOT going to be able to fully use this material … frankly this material is science based and will in fact teach you how to go way beyond any acupuncture chart or chi meridian.

AND this material will teach you how to understand and thus deal with non responders – something that Chi can never do … so I am not trying to be offensive but the reason to study this book is to get an understanding that works - IN REAL LIFE and WHEN IT IS NEEDED … this book is the start of exactly that!

TERMS

To start with, we will define some terms which will be in use throughout this book. Most books which try to instruct nerve points or other specific point techniques fail because they leave the reader guessing as to where is the exact location of the point in question. This book will do its best to resolve this problem by use of western medical descriptive terms on anatomical locations.

You may want to get an anatomy and physiology book to accompany this book. It will give you an even clearer understanding of the exact points I describe. Some excellent reference books are: Grant's Atlas of Anatomy, Netters, or Gray's Anatomy, but any good anatomy book will be of benefit. Also, you may want to buy a medical dictionary for definitions of words not defined here or for a possible better definition of these terms.

Understanding these terms will help you to find and identify the correct places to utilize pressure point techniques, so thus they are important.

ANTERIOR - Pertaining to the part of the body facing you when it is in the neutral position. The front part of the body.

ARM - Upper extremity from the shoulder to the elbow.

AXILLARY - Commonly called the arm pit.

CARPALS - Pertaining to the bones of wrist.

CENTRAL - Along the midline.

CERVICAL - Pertaining to the neck. .

CONDYLE - The rounded part of a bone that comes in contact with another bone.

DEEP - Found below the surface, usually below the top layers, as opposed to superficial

DISTAL - Farthest from any given reference point, as opposed to proximal.

DORSAL - The back part of the body, or the top part of the foot.

SMALL FINGER - The last finger. Located on the Ulnar side of the wrist.

HEAD - Also called Surgical Head. An enlarged area of a bone by which it articulates or moves with another bone. This term does not just refer to a persons head.

HUMERUS - The bone of the arm.

INFERIOR - Lower part or below a part. {Examples: Inferior Vena Cava, Inferior to the Head of the Humerus (below the humerus)}

INSERTION POINT - The point at which a muscle is attached to the bone.

LATERAL - Away from the midline and horizontal to the plane of the floor.

LEG - The part of the lower extremity from the knee to the ankle.

LIGAMENT - A band of fibrous tissue that connects bones or cartilages and helps to support and strengthen joints.

MALLEOLUS - The rounded protuberance on either side of the ankle.

MEDIAL - Toward the midline as opposed to away from the midline.

MEDIAN - Located on the midline of the body.

METACARPALS - The bones of the hand between the wrist and the fingers.

PALMER - Pertaining the palm side of the hand or the inner aspect of the forearm or arm.

PERIPHERAL - Away from the midline as opposed to towards the midline.

PLANTER - Pertaining to the sole of the foot.

POSTERIOR - Pertaining to the part of the body away from you when it is in the neutral position. The back part of the body.

PROXIMAL - Nearest or closest to any given reference point, as opposed to distal.

RADIAL - Pertaining to the radius.

RADIUS - One of two bones of the forearm. Located on the thumb side of the forearm.

SUPERFICIAL - Pertaining to or located near the surface (the opposite of deep).

SUPERIOR - Upper part or above a part. {Usage: Superior Vena Cave, or superior to the malleolus (above the ankle).}

TENDON - A fibrous cord which attaches muscle to bone.

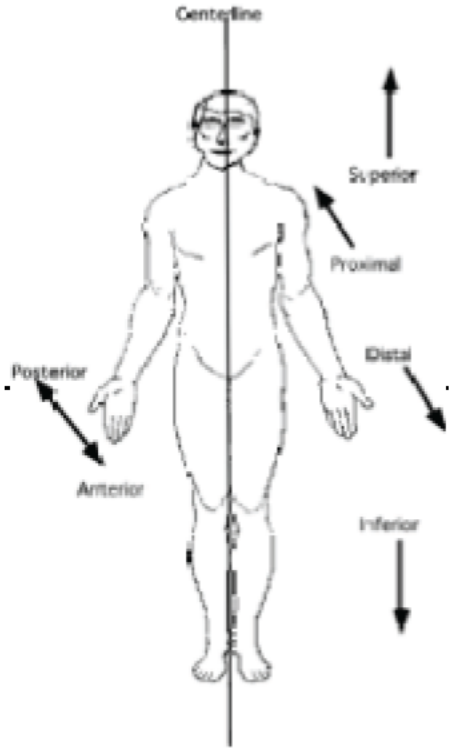
THIGH - Part of the lower extremity from the hip to the knee.

TIBIA - One of two bones of the leg. Located medial to the fibula.

ULNA - One of two bones of the forearm. Located on the small finger side of the wrist.

In order for the descriptions used in this book to make sense, you must also understand how the body is positioned in what is called the 'standard anatomical position' this is considered to be the neutral (or starting or reference) position. . This position is with the person (of either gender) standing, facing towards you, hands to the side, palms towards you, toes pointed towards you. All terms of left and right, proximal or distal refer to the person being described, (not to the practitioner), in standard anatomical position. In the few examples in which I deviate from using the standard anatomical position I will make that clear.

This is a picture of a person in the standard anatomical position.



The viewpoint of history depends entirely on who won the war.

HISTORY ?

I will start this chapter by telling you that no one really knows just when (or where) pressure points were first discovered. Most probably the discovery that certain points in the body hurt more than others came gradually as people first began to practice their combat skills.

It is known that the first recorded use of pressure points is in the forms of Tai Chi Chuan. Incidentally, it has been stated that the long form of Tai Chi Chuan contains the angle and direction for attacking every known pressure point in the body. This is probably true for the points which were known when that form was created, however, I doubt that it is true with the greater understanding of pressure points known today.

The reason I make such a statement is that there are slightly over 360 pressure points specifically identified on charts generally used by acupuncture practitioners. In actuality, if you really understand the principles of pressure points in depth, you will be able to find over 1000 locations.

Once the concept of pressure points was developed, it seems that these vital areas were hidden away as fast as possible. Most probably the discoverers were worried about discovery by their enemies or rivals. Therefore, while in some styles there developed great understanding of pressure points and how they are used, in others there seemed to be a total lack of all but the crudest appreciation of pressure points.

I have been told (by people that would know) that in the Far East, the actual teaching of the meaning of forms and their pressure point meanings are kept secret until a person had obtained their sixth Dan and was over the age of 40. The purpose of this is to allow those older practitioners a way of defeating the younger, stronger, faster students should the need arise. In this way the master would remain the master of his style until **he** decided to turn over his knowledge and the school's responsibility to someone else.

Unfortunately, with the introduction of martial arts into the general schools of Japan in the early part of the Twentieth century, many black belts were turned out who did not have the same patience as their earlier counterparts. Instead of being willing to remain under the tutelage of one master, they moved about and even started styles of their own. Because some these martial artists were not of the age or experience to know about pressure points, they did not incorporate this knowledge into the explanation of the moves of the KATAs/forms they taught.

Also as the culture changed in Japan in the late 1800s, with the Meiji government in charge the Samurai were no longer the force they once were, there was very little desire for instructors who taught the old ways of defense and killing offenses. And Martial arts instructors had very difficult times earning enough money to keep their schools open

Thus Itosu Ankō, (1831 to 1915) reformulated his teaching of kata into the multi-level meanings and nonlethal sport versions that soon would become hugely popular and spread first in Japan and then eventually to the rest of the world.

Given this situation, it is easy to understand how whole generations of martial artists grew up without understanding the combat applications of the movements they were doing in their forms or KATAs. A 'form' is

the name commonly given to a pre-arranged set of movements in Chinese martial arts, the equivalent Japanese term for them is ‘kata’.

Please note that I do not want to pick particularly on the Japanese or Okinawans, this same practice was also found in China, only on a much worse scale. In China, it was common practice to separate and hide real pressure points strikes in a form by placing many false & flowery moves in the middle of combination techniques. Therefore students may have learned forms with five or ten workable pressure points strikes intermixed between as many as up to 200 false moves. Thus there was no way for even the determined student to learn the true meanings until the master teaching them decided they were ready. In most cases this was not until the master was ready to turn control of their school over to the student they had just revealed the truth to.

Whether you agree with this practice of hiding the knowledge “until the student is ready” or not, is not the point in question at present. However it should be Evident that I do not follow the train of thought, that such vital information should be restricted or this book would not be in existence, nor would Quan Li K’an.

You never know what you really know
Until you admit what you don't know.

VERIFICATION

One of the main precepts of Western Science is that if something is valid, it is reproducible. Until advanced martial arts techniques can be explained in such a way that those theories are clearly understandable and reproducible by others, not just because of the direct influence of the person making a claim or advancing a theory, there can be no objective proof of what works and what doesn't.

Techniques, which do get developed and passed down from the previous generation to a select few people, risk the danger of becoming garbled and without objective definitions the true concepts may be lost.

However, once an exact definition, testing, and recording of a technique is done, all who ask will be able to learn that technique and use that knowledge to build upon. Thus, future generations of martial artists will be better than we are, because they will have not lost the true meaning of the concepts our generation attempts to pass on.

Because I really do believe this, I invite you to check out the facts and theories (at least those not causing harm to another person) that I present in this book. Check up on the principles I discuss, in books written by other credible authors, look especially at medical textbooks. Why do I invite you to do this? Not just to prove that I really do know what I claim (although that in itself is a valid reason!), but also so that you can research questions you don't fully understand.

If enough people examine the questions and theories which I present in this book, then hopefully even more questions and then the answers to those questions will come to light. In this way martial arts will be raised to the next level of understanding.

If you do not agree or have questions about what I present here, you can write me at the following email address. Time allowing, I will try to respond to all reasonable, polite questions. I will also admit if I don't know the answer.

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God heals, and the doctor takes the fee.
Benjamin Franklin

NON-RESPONDERS

This section is about why nerve attacks do not always work the way articles and books say they should. There are a certain percentage of people on whom nerve point strikes do not work. No matter how hard you twist, bend or pound, 1% to 3% of the general population will not feel any pain. There is also a slightly larger percentage (2% to 5%) who will not feel the degree of pain the normal person feels. They may feel a small amount of pain or a tickle but they aren't going to be slowed down by normal strikes. The actual percentage of people who will not respond "correctly" to the correct strike technique is some where between 3% and 10% of the population as a whole.

Now, just because nerve strikes do not work on these people does not mean that the theory is invalid. In fact, it is these people who lead credence to the fact that nerve pain can be explained because of known medical physiology. And, to the best of my knowledge, there is no explanation why some people do not respond in the Chi concept.

The following reasons are well-documented medical explanations why a person may not feel the normal amount of pain at a specific point.

1) There is a well-known standard variation in nerve locations, density of stretch receptors, and pain thresholds which occur between people. In short, everybody is a little different in some way or the other. If that difference is in the way we feel pain or the sensitivity of stretch receptors, then that person is not going to feel the normal amount of pain because their nerves are not in exactly the place we expect them to be.

2) Some people have an increase in the amount of protective fat padding around their nerves. Normally, every person has some fat padding around the nerves of their body. This special fat is there to protect the nerve from trauma. If this fat layer is increased however, it will do an even better job of protection and that person will feel even less pain than normal. However, by the time you apply enough pressure for these people to feel the pain, you are already compressing the nerve sufficiently to be causing significant damage.

Note: Older people tend to lose this natural protective fat padding with age. Therefore, they are more susceptible to damage. Also, the younger the person, the more likely they are to have a larger protective fat coating around their nerves. Diabetics tend to have an increased amount of fat padding around their nerves because of the nature of their disease.

3) There is a definite difference in pain threshold between people. Whether this is due to just mental condition, physical condition or both is a subject for debate. The fact that this difference exists is well established. Note that I do not mean the amount of pain a person can ignore, but the actual amount of pain, everything else being equal, that the person must feel before they even notice that they are in pain.

These are some of the main reasons why there is a difference in effectiveness in strike points between people. Please note that I am not saying that nerve attacks do not work. In the majority of cases they work great, but in

some cases there are certain people who do not feel the pain.

These non-responding people are not off the hook, however. In fact, in a lot of ways they are in much more danger than the person who does feel pain. This is because the force of the blow or torque to the specific point will cause more damage to these non-responders than it will to the "normal" person. The reason for this is because they are not feeling pain. Normally when we experience pain we attempt to move our body in ways which decrease the pain. Obvious. What we are really doing, however, is moving our body in such a way that we are decreasing the damage to the affected area. When we feel pain at a joint because someone is torquing on it, we move our entire body as quickly as possible in the direction which decreases that pressure, thus decreasing the damage. The same is true when we apply pressure to a nerve point. Again, the body moves to decrease the damage.

While it is true that these sudden reflex moves can occasionally get us into more trouble than they get us out of, biology has decided that, over-all, they help more than hurt, so we are stuck with them. When a person does not have these reflexes, however, they will not move their body in any direction to lessen the pressure on a point unless the force of the strike causes them to move. By that time it is too late and they have encountered the full brunt of the force and sustained the maximum damage.

Therefore a word of Warning. If you run into one of these people in your practice sessions, do not keep increasing the force of your strikes or continue to dig to find a point. If you feel certain that you are on the correct point but the person does not respond, it may be because of the above.

Get your instructor to check out the circumstances. Do not just keep hitting or twisting on the person. You may cause permanent nerve damage, which may not show up until later!! *****

The more you sweat in training, the less you bleed in war

Ancient Chinese proverb.

PAIN WITHDRAWAL REFLEX

A physiological fact that we must cover before we proceed with the rest of this book is the reflex called the pain withdrawal reflex. The pain withdrawal reflex is a complex (as opposed to simple) reflex. What makes it complex is the fact that there are three separate levels or reactions to pain. (Actually there are more but they are of no concern to the martial artist.) If you can understand all of these levels then you can easily and effectively control your opponent, making them do what you want them to do regardless of how conditioned or strong they are or what their level of training is. The fact is that the body responds to certain actions at a reflexive level. A person cannot help those responses, for they have been hard wired, so to speak, into our circuitry. Thus, there is a way to defeat even the best trained martial artist, but you must understand these reflexes completely and intuitively to do it.

The first level of the pain withdrawal reflex is the reflexive action your body uses to get you away from a sudden onset of pain. If you accidentally touch something sharp with your hand, your hand will be moving away from the source of the pain even before conscious thought has identified why you are experiencing pain. Your hand hurts - it pulls back. You don't have to think about removing your hand from the site of pain; it just happens. This is true because when you experience pain in your finger, the nerve impulse carrying the message of the pain goes from the finger tip to the spinal cord. At the spinal cord, the nerve impulse carrying the pain message stimulates two different and separate nerve impulses.

The first of these newly stimulated nerve impulses is called the reflex arc and nerve impulses are stimulated and sent back to your arm muscles. The second impulse is the message about the pain which is directed up the spinal cord to the brain. It is extremely important to this concept that you realize that messages telling the muscles what to do are traveling down the arm from the spinal cord reflex arc at the same time as the nerve impulse telling of the pain is still heading for the brain. Because of this, the physiological fact of the matter is when you experience a sudden onset of pain, you actually have no control over the reflex action your body initiates to remove itself from the painful stimulus.

Note: If the pain comes on slowly (and here we at talking about pain onset over the course of a time greater than approximately .75 seconds) then you can, in fact, over-ride the stimulus, depending on your will-power. This is because your brain can be placed in a trained/conditioned state where it can ignore almost any stimulus.

However, if the response time is less than .3 seconds then the responses for action do not come from the brain but from the spinal cord itself. The time between .3 and .75 seconds is the gray area where some people will respond and others will not depending on the type of nerve you stimulate and the sensitivity of the area. Since the spinal cord has no thinking ability in itself, only a response ability, you get a very predicable pain withdrawal reflex.

Second Level Reflexes

The next level of the pain withdrawal reflex is the level called the crossed extension reflex. Crossed extension reflex action is where, under sudden painful stimulation, the body not only moves the extremity in pain away from the painful stimulus, but also causes the opposite extremity to move in exactly the opposite direction. An example would be again to stick the finger of your right hand with a pin. Not only does the finger and right arm move away from the pin but the left arm tries to extend to push the offending object away from you. This is useful because you can use it to predict the movement of your opponent. If you should strike them so as to cause significant sudden pain in one arm then you can know in advance that you will cause them to withdraw the painful arm, and cause their other arm to move in the opposite direction, towards you, reflexively. It is imperative that you understand this action or you will lose contact with your opponent and lose control of any pressure point you had.

Now reflexive movement is very seldom-efficient movement, especially in a fight situation. This is because there is no thought behind the movement; it is only an instinctive movement. Thus, their opposite arm may be moving towards you, but you can count on the fact that it will have neither the correct orientation for an effective strike nor will it be able to cover any openings on their central body.

If this sounds like something that is useful, it is. Frequently experienced black belts "make their openings" this way. They simply strike their opponent in a non-vital area (like an arm or leg) with a quick jab causing pain and then look for the opening that they already knew (from experience) was going to appear. This explains why they always seem to be able to find non-existent openings and make those vital area strikes which end the fight.

Third Level Reflexes

The third level of pain withdrawal reflex is the most useful. In the third level, the body not only does the above-mentioned motions but also moves the body mass in the direction that will decrease the pain.

This third level of pain withdrawal reflex is particularly significant as it is entirely reflex and will affect the entire musculoskeletal system.

Being a reflex, there is no thinking portion to the action that is initiated. The reflex is as straightforward as the levels described above. You hurt and your ENTIRE body mass moves as fast as it can in the direction, which decreases that pain. It doesn't matter that by doing so it may cause the body to lose its balance and fall; bounce off a wall or other object; or set the person up to receive even more pain. Thus, like any other non-thinking movement, it can (and frequently does) get the person out of the frying pan and into the fire. A perfect example of this is a lateral downward twist of your opponent's thumb. Not only do they move their entire arm in the direction you are twisting, but also the other arm moves in the opposite direction and both knees will bend. In fact, a quick enough motion on the thumb joints (notice I said quick, not necessarily strong) will have them bouncing off the floor.

If, on the other hand, (pun intended) you twist the thumb upward you can watch your opponent try their very best to stand on their toes, maybe even propelling themselves into the air in an attempt to lessen the pain.

The vital thing you must know before you rush off and try these techniques, is that you must not only initiate the pain quickly, but you must also continue to stimulate the pressure point to which you are applying pressure in a way which ensures that the pain continues. Frequently I see students start a maneuver that initiates pain, causing their opponent to react with their body but then they fail to keep enough pressure on the location. Thus, they don't understand why suddenly the opponent whom they thought they had under control, has

retaliated and now has them in a compromising situation. In short, once you start applying pressure to a point, don't decrease that pressure, (if in doubt increase it or continuously roll the point), until you have acquired total control or have them unconscious.

The secret is not how much force you can produce,

but in how little you have to use.

Master Van Kiemp

The Deadly Touch

NOTE: Once again, the purpose of this book is not to merely show you the correct angle and direction used in pressure points. The real purpose is to show you the reason behind why pressure points work. It would be impossible for me to show you all the different pressure points in the body. What's more, it is totally irrelevant. If you really understand the principles behind pressure points, then you can figure out the different points by yourself. Therefore, I will try to give you a good cross section of the different types of pressure points in the body and let you take it from there.

I will ensure that you have at least one description of each type of pressure point. As I stated earlier the companion DVD is designed to give you a visual picture of each type of pressure point, while the book is designed to make sure you understand the principles.

There are seven types of pressure points we are going to be talking about in this book. These different types are:

1) Ligament pressure points.
2) Tendon pressure points.
3) Nerve pressure points.
4) Muscle pressure points.
5) Organ pressure points.
6) Bone pressure points
7) Reflex points.

It is important to know the principles behind each of the different types because each type reacts differently and each has a different propensity for causing serious damage. For the best understanding, take time to evaluate the implications of each type of pressure point as it is discussed before moving on to the next type.

Please note, I will be identifying the locations of these pressure points by the use of standard Western Medical Terminology. That is the only way that I can relate the locations with any degree of accuracy. If you have a medical dictionary I recommend that you use it as you will understand the terms better. For those of you who do not, I have included a short definition of the terms in the appendix of this book. I suggest that you read it through at least once before going on with the rest of the book.

The Theory Behind Pressure Points.

The purpose of this chapter will be to give a collection of rules which will allow you to understand how to use each type of pressure point.

Now the most common type of pressure point taught in martial arts are joint locking techniques. Joint locks are relatively easy to apply in most cases and are generally reliable. However, they are not by far the only type of pressure point that can be used. In fact, joint locks can be next to worthless if you run into a non-responder. Thus it is best to learn all the different types of pressure points and how to apply them for it is a rare person who is able to ignore all pressure points. Note: Even those non-responders who can ignore all other pressure point cannot ignore reflex pressure points as that would be incompatible with life. Thus you always have this level of techniques available if you understand pressure point theory fully.

The important part in all this is that there is a significant difference in how you can/do produce pain in joint locks versus other types of pressure points. In fact, you must constantly be increasing the (pain producing) pressure on a joint if you wish to keep total control of your opponent.

The reason for this is that the body's pain receptors (nerves) respond more to changes in pressure, than just to pressure itself. Thus if you move your opponent's thumb backwards, it is the sudden change in pressure which generates the most response from them. They may well stay at the angle you place them, if you lock the stretch receptors of the joint, but their most enthusiastic response will be when you first started twisting, not when you are just holding constant pressure on the joint.

Important Notes:

Tendons are the cords that connect muscle to bone. Ligaments are the cords which connect bone to bone. Ligaments are most commonly found around joints. Tendons are found at each end of a muscle. At the point where these tendons attach themselves to the muscle, where the tendons joins the bone (called insertion points), and along the length of each tendon and ligament there are specific receptors which produce significant pain if stretched. The function of these stretch receptors is to prevent tendons and ligaments from being over-stretched and ripped free from either the bone or the muscle to which they are connected.

Why these stretch receptors work is based on two different principles. Ligaments respond to pressure. The more pressure you apply, the more pain they give off. Pure and simple. Tendons, which are easier to get a hold of than most ligaments, respond only to changes in pressure. If you put pressure against a tendon, it will hurt initially but the pain will quickly subside allowing your opponent to resume trying to hurt you, even if you keep pressure on the pressure point.

In order to utilize these tendon or ligament stretch receptors, you must, obviously, stretch the tendon or ligament. The body's normal way of stretching these structures is pulling them along their LONG axis, which is usually a significant distance. It is not an easy feat to over stretch a tendon along the pathway that it was designed to move.

Because there are stretch receptors situated along the entire length of all tendons/ligaments, you can also stimulate the tendon or ligament stretch receptors if you can stretch any part of the tendon or ligament sideways. However, in most areas of the body, this can require considerable movement before you get to the

point where stretch receptors are stimulated, especially with the body's longer, more prominent tendons and ligaments (which are designed to travel significant distances). These longer tendons and ligaments are easier to get to, but hardest to stretch to the point where the stretch receptors produce pain.

Luckily, there is a way around this quandary. At both of the insertion points and at any bony prominence, tendons and ligaments can be trapped and stretched with a rolling motion. A rolling motion causes the tendon or ligament to move and stretch along directions it was never intended to move, therefore, the stretch receptors are stimulated.

An example of the proper technique with which to trap most tendons or ligaments is:

1) Place your thumb and index finger around the distal forearm, approximately 1/2 to 3/4 inch proximal to the distal heads of the radius and the ulna. Have the web spacing between the thumb and index finger loosely against the wrist.

2) Wrap the thumb and index finger moderately tight, not so tightly as to be unable to move the tendon/ligament. If you just grab the bones as hard as you can and twist, the technique will not work.

3) Apply pressure with the sides of your thumb and fingers, not the finger tips.

4) Twist your hand so as to cause the tendons to roll and thus stretch.

Rules:

These are the rules which apply to each type of pressure point.

Rule #1: There is an inverse pain rule that applies when attacking tendons or ligaments. The rule is that the smaller the joint you attack, the more pain you will produce from the same force. This is because the force is divided among a smaller amount of ligament surface area, producing greater stretching and thus greater pain. Therefore it is easier (in terms of force) to produce greater pain by attacking the distal phalanx of the fingers than the tendons or ligaments of the arm.

Rule #2: When attacking a single or even a grouping of tendons or ligaments, you must also grab the structures on the opposite side of the extremity you are attacking and move them in the opposite direction. This works perfectly if you learn to roll the tendons of ligaments you attack instead of trying to push or pull on them.

Rule #3: All stretch receptors are stimulated by fast movements dramatically more than by slow movements. Therefore, do not grab the wrist so hard that you cannot easily (and thus quickly) roll the tendons.

NOTE: The radial nerve also runs through the wrist area. You can trap the radial nerve at the same time as you trap the tendon by using the inside aspect of your thumb, as it wraps around the same area and twisting.

NOTE 2: Twisting both the tendon or ligament and nerve at the same time will cause a dramatic increase in pain.

You can roll any tendon or ligament you can reach, but the only practical locations are those close enough to insertion points and bony prominences so as to stimulate stretch receptors and produce pain. There are numerous points in the body where the above rules apply. I will list some of the more useful points in the next chapter. Some possible points I may not mention. The fact is, however, once you understand the principles involved here, you can figure out your own points.

Rule #4: Any point where a muscle, organ, or nerve can be compressed against a firm surface is a valid strike point. Sometimes this firm area can be muscles underlying an area. Some perfect areas for example, are to attack the Brachioradialis muscle of the forearm or the Sartorius muscle of the thigh.

NOTE: Since the body tries to protect its nerves, nerves are located so as to be resistive to attack in most locations of the body. You must find locations where nerves are not running under significant muscles and yet running over firm surfaces to attack. If you have protective covering over the nerve and there is no firm surface under the nerve, you will produce little or no pain when you strike the area.

Rule #5: The larger the nerve (and obviously the less the protection), the more pain it causes when you compress a nerve. Since larger body parts have larger nerves passing through them, it is more effective to try to produce significant nerve pain by attacking larger structures. Thus, you can produce more nerve pain in your opponent by attacking his arm, for example, than his fingers, assuming either location has the same amount of muscle protection. Please note this is exactly opposite to the rules for muscle and tendons.

Rule #6: The more times you strike, vibrate, or roll a particular nerve or muscle point, the more tender the area will become. Thus multiple small strikes are more effective, especially in the long run, than a single forceful strike.

RULE #7: Organs respond to any type of pressure, slow or fast. The more the pressure, the more they hurt. However, the speed at which the pressure is applied will determine how dramatic the body's pain withdrawal reflex responds.

RULE #8: Bone pain can be produced any time you compress an edge of a bone. Because you cannot actually find edges on round surfaces it is hard to produce pain in the shaft parts of most bones. However, the ends of most bones are not round, but in fact have many protrusions which are very amenable to pressure (i.e. they hurt!) A perfect example of this is the anterior edge of the tibial bone (also called the shin bone) which most people realize hurts when kicked. Again, bones respond better to rapidly changing pressure or rolling techniques than to direct slow pressure.

RULE #9: The **insertion** points of all tendons (in addition to the tendon itself) can be stimulated by direct pressure applied in a rolling motion. Steady pressure has little or no effect on these points. A perfect example of such points is the insertion points of the superior paravertebral muscles of the neck. (The muscles along the side of the neck spine as they are attached to the head). Pressing on these points makes little effect. Just the slightest rolling motion however produces dramatic effects.

RULE #10: Reflex points are areas where you can stimulate the body to respond with a reflex action besides just responding with pain. We talked about pain withdrawal earlier but in most of the reflex points there is not much pain produced, usually just an uncomfortable feeling along with action which is almost unblockable. The reason for this is that the message goes to the spinal cord and then back to the body's muscles (like with the pain withdrawal reflexes) before the brain even gets the message. These points must be stimulated fast. It is not really that important how much pressure you apply to a reflex point but the speed at which you apply enough pressure to trigger the response is vital. Many (not all) reflex points can and will be overridden by the person if you apply pressure slowly. If done correctly however, reflex points cannot be overridden, even by non-responders, because reflex points control things like blood pressure, breathing actions, bowel and bladder control, and so forth. These functions are absolutely necessary if life is going to be continued. Therefore every person alive has them. While some people may be harder to stimulate than others, no one can resist these techniques done **properly**.

If you study these rules you will be able to use any of the body's pressure points, the ones identified in the next

chapter, the ones shown in the companion DVD and many others all over the body. (Happy hurting....oops! I mean hunting for them.)

THE POINTS OF DISCUSSION

****

**********WARNING**********

****

REPEATED STRIKING OF MUSCLE, TENDON, LIGAMENT

OR NERVE POINTS OR EXCESSIVE FORCE MAY

CAUSE PERMANENT DAMAGE.

IT IS RECOMMENDED YOU HAVE ADEQUATELY

TRAINED SUPERVISION BEFORE ATTEMPTING

THESE TECHNIQUES YOURSELF.

****

****

ESPECIALLY HEED THE WARNING ON NON-RESPONDERS!!

****

****

These are some of the more prominent locations you can attack. Note that some locations are attacks on more than one type of structure at the same time.

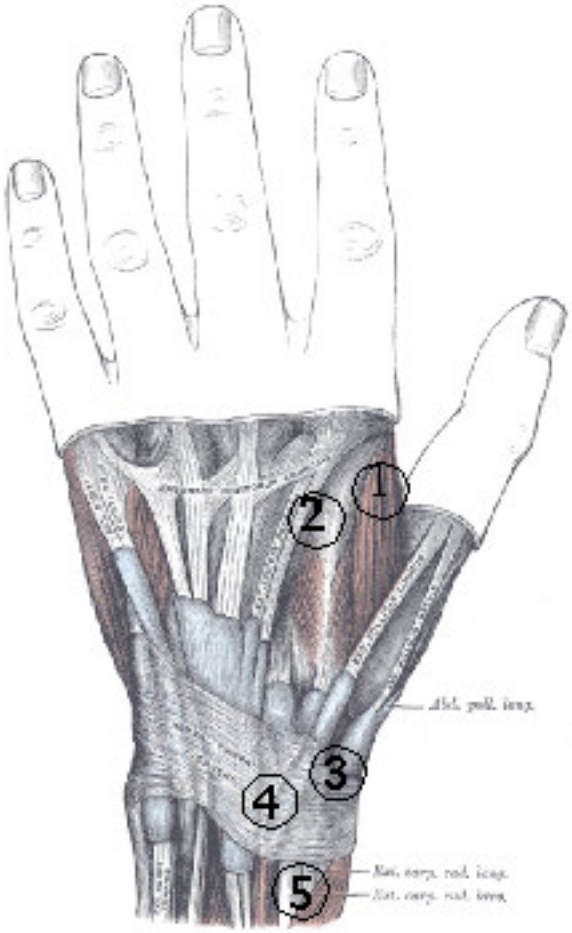
HAND PROPER

NOTE: The hand will be divided into two different sections for our discussion, the hand proper and the fingers. We will deal with the hand proper first and then the fingers.

LOCATION: In standard anatomical position, find the middle of the index finger metacarpal. Then press 90° medially and 45° dorsally at the middle of the index finger metacarpal. Because of muscle formation, this location can even be triggered when your opponent's hand is in a fist. To make the pain effect more pronounced, roll the tip of your thump in a small circle as you apply pressure. This is a nerve pressure point.

LOCATION: In standard anatomical position, find the middle of the web space between the index finger and the long finger metacarpals, apply pressure just proximal to the head of the metacarpals. Because of muscle formation, this location is very hard to trigger when your opponent's hand is in a fist. This is a tendon pressure point.

LOCATION: In standard anatomical position, find the middle of the web space between the small finger and the ring finger metacarpals, apply pressure just proximal to the head of the metacarpals. Because of muscle formation, this location is almost impossible to trigger when your opponent's hand is in a fist. This is a tendon pressure point.



LOCATION: In standard anatomical position, find the middle of the small finger metacarpal. Then press 90° laterally and 45° dorsally at the middle of the bone. This location is a minor pain location because of the protective muscles along the small finger metacarpal, but when combined with the point on the index finger metacarpal (above) can be very effective. This is a nerve pressure point. **It is directly opposite circle #1**.

LOCATION: In the anatomical snuff box on the dorsal aspect of the wrist. **Circle #3** (This is the area just proximal to the thumb between the two ligaments which extend the thumb and distal to the head of the radius. You can see these two ligaments by extending your thumb dorsally.) Apply pressure (best with your thumb) angled towards the ring - long finger web space and pull distally. This is a nerve pressure point.

LOCATION: The mid dorsal aspect of the hand contains multiple tendons. These can be rolled but only when there is pressure on them as when the hand is in the fist position. Thus if someone grabs you this is a good area to stimulate to get them to release their hold. **The area is shown by #2 circle**

LOCATION: The wrist as an entire unit. Best attacked with a twisting motion which forces it obliquely. Twist either posteriorly and medially (from standard anatomical position) or exactly the opposite directions if the palm is directed posteriorly. This is a ligament pressure point.

LOCATION: There are four tendons, which are located, just distal to the bony distal ends of the forearm which can be attacked. These can be attacked exactly like the tendons described in the example in the previous chapter. This is a tendon pressure point.

FINGERS

LOCATION: In standard anatomical position, press on the lateral aspect of each finger to compress the nerve for each finger. The lateral aspect of the distal phalanx is the most tender. This is a tendon insertion point along with a nerve pathway. Despite there being both tendon and nerves in these areas, these locations are considered (very) minor nerve pain points. Still, their additive effect to other nerve points can be useful. This is a combination tendon/nerve pressure point.

LOCATION: Each finger is a separate unit. Force the distal phalanges of any finger backwards towards the dorsal center of the wrist with a twisting motion. This means that to attack the small finger in standard anatomical position (our standard reference position) you would force the small finger distal phalanx dorsally and laterally with a fast twisting motion. To attack the index finger you would move distal phalanges dorsally and medially with a fast twisting motion. This is a ligament pressure point.

LOCATION: The nail bed of each finger is a very sensitive area. Unless damaged, pressure applied to this area will bring a person to their knees almost instantaneously. However, as with most things, there is a trick about using these areas. The trick is that there are two different ways of applying pressure to the nail bed, downward pressure and upward pressure. Most people will respond quite well to one direction of pressure but quite poorly to the other direction. There are about as many who respond to both directions as there are non-responders.

In order to force the nail bed down, apply pressure just proximal to the finger nail (in the area about 1/4 inch wide). In order to force the nail bed upward, it is easiest to apply pressure to the distal end of the nail. This presses down on the end but tries to make the proximal end of the nail rise upward. This is a nerve pressure point.

FOREARM

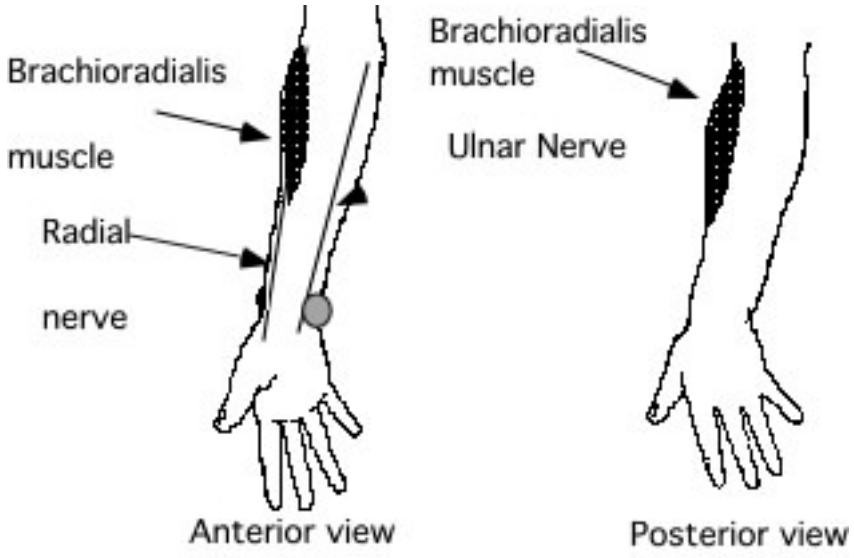
LOCATION: Approximately 1/2 inch distal to the proximal ends of the radius and ulna. You can roll either the medial or lateral tendons. This is a tendon pressure point.

LOCATION: Medial to the palmar side radial aspect tendons approximately 1/2'' proximal to the distal head of the radius. You will be compressing the radial nerve. This is a nerve pressure point.

LOCATION: Medial to the palmar side radial aspect tendons approximately 1/2'' proximal to the distal head of the ulna bone. You will be compressing the Ulnar nerve. This is a nerve pressure point.

NOTE: Obviously you cannot effective compress both the Ulnar and the radial nerves together at the distal forearm, therefore it is my recommendation that you attempt to roll the dorsal Ulnar side tendons and the radial nerve because...it hurts the person receiving the pressure more!

LOCATION: The proximal half of the brachioradialis muscle. Because of the way that the brachioradialis is angled across the top of other muscles it is particularly vulnerable to attack. It is innervated with several branches of the radial nerve in its distal half, making the muscle tender when struck, especially repeatedly! The best strike is angled 45° back towards you. The effect is dramatically more pronounced when there is tension on this muscle. Therefore if you are applying tension (in a distal direction) to distal pressure points and then strike the brachioradialis muscle you will get maximum effect. This is a combination muscle/nerve pressure point.



LOCATION: The muscle tendon junction of the Supinator longus on the lateral mid aspect of the forearm and the flexor carpi ulnaris on the medial mid aspect of the forearm. Both locations are best struck with a knife hand angled 45° back towards the hand. If done correctly the hand will actually open (from a closed fist position). This is a tendon pressure point.

LOCATION: Approximately 1/2'' distal to the proximal head of the radius, located on the lateral aspect of the arm. This point has many small muscles that can be rolled or struck, including the brachioradialis muscle. This is a muscle pressure point.

LOCATION: Approximately 1/2'' distal to the proximal head of the ulna. Located on the medial aspect of the arm. This point has many small muscles that can be rolled. It makes an excellent combination with the above location to trap the distal forearm. This is a muscle pressure point. This point would be located on the opposite side of the arm to the Pressure points above (see the small gray circle on the illustration above.)

ARM

LOCATION: Approximately 1/2 inch proximal to the distal end of the humerus. Located in the mid-lateral plane. Most effective if pulled distally into the epicondyles as you perform the rolling motion. This point has many small muscles and tendons, which can be rolled or struck by compression into the lateral epicondyles of the arm. Strike must be at 45° downward into arm and 45° back towards you. This is a combination muscle/tendon/ligament pressure point.

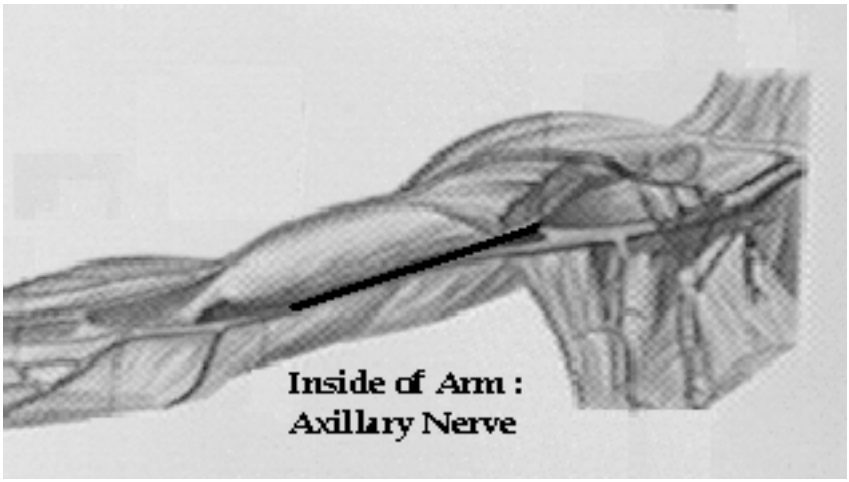
LOCATION: Approximately 1/2'' proximal to the head of the distal ulna. Located on the posterior medial aspect of the arm. This point has many small muscles that can rolled or struck by compression into the medial epicondyle of the arm. It also contains nerves, which can be stimulated if you apply enough pressure. Pressure should be angled medially and distally 45° into the medial epicondyle. This is a combination muscle/nerve/tendon/ligament pressure point.

LOCATION: Approximately 1/2 inch proximal to the distal end of the humerus in the middle of the dorsal aspect is the tendon attaching the triceps muscle. This can only be attacked with a rolling or vibrating motion like a knuckle finger. Make the motions move perpendicular to the line of the tendon to be most effective. This is a tendon pressure point.

LOCATION: Both sides (medial and lateral aspects) of the proximal biceps muscle. This is especially effective if you pinch both these locations towards each other. This also works for the proximal triceps muscle. This is a muscle pressure point.

LOCATION: Just proximal to the head of the distal humerus. Located on the anteromedial aspect of the arm at 45° off (dorsally) the midline plane. This point has many small muscles and a nerve that can rolled or struck by compression into the medial epicondyle of the arm. Strike must be at 45° downward into arm and back towards you. This is a ligament pressure point.

LOCATION: The entire proximal medial line (of the proximal 1/2 of the arm) between the biceps and the triceps muscles of the arm contains the Axillary nerve. Pressure or strikes are best done 90° perpendicular to the bone at this location. This is a nerve pressure point.

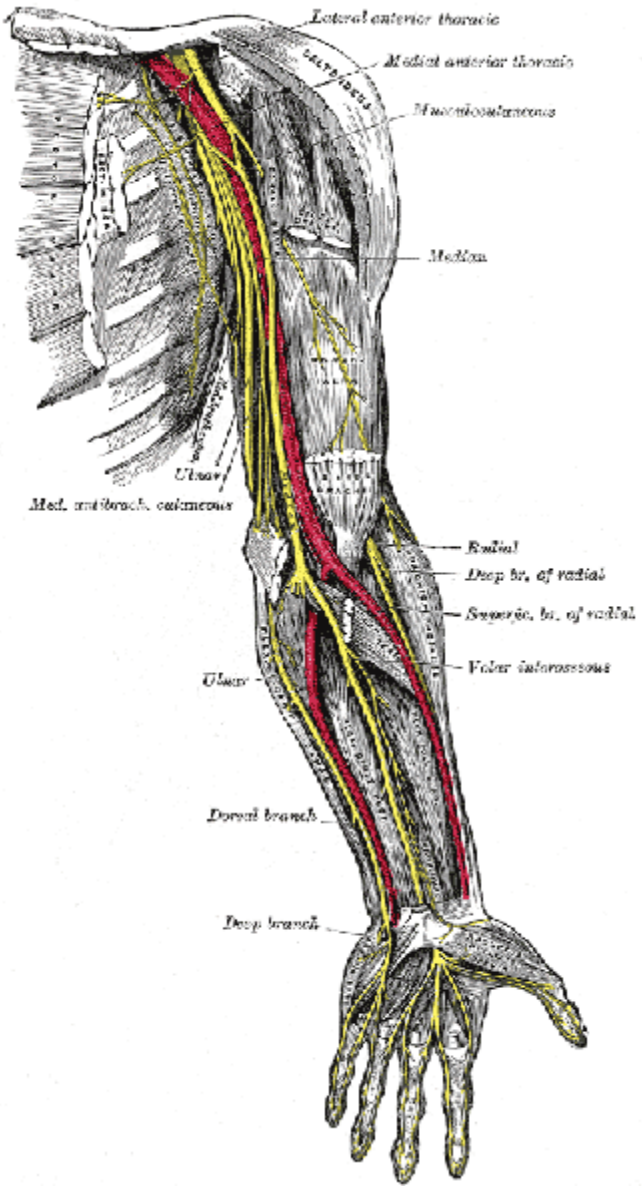


NOTE: Strikes to the Axillary nerve or plexus may cause permanent paralysis!!! EVEN if the person does not feel the pain initially. DO NOT HIT THIS NERVE unless you intend to cause permanent damage.

SHOULDER

LOCATION: The anterior middle (both vertically and horizontally) of the shoulder contains a tendon, which can be rolled producing moderate pain. This is a minor point as this tendon can be protected if your opponent can cause their Pectoralis muscles to contract and protect this point. This is a combination tendon/ligament pressure point.

LOCATION: The next point is called the Axillary plexus. Located on the medial aspect of the proximal humerus approximately 1 inch distal to the muscles of the inferior axilla. Best-struck or compressed with force angled 45° outward through the head of the humerus. This is a nerve pressure point. ***This nerve point is extremely vulnerable and could result in temporary or permanent paralysis of the arm, forearm and/or hand. **Use Caution! *** (Read that as, DO NOT HIT unless you like lawyers!)**



LOCATION: In the posterior aspect of muscle surrounding the shoulder, there is a muscle called the Teres major. This is the muscle that forms the anterior edge of the posterior group of muscles that are projected forward when the arm extends. Meaning the anterior aspect of the posterior wall of the axilla. A combination of small local nerves and the edges of several muscles make this area VERY sensitive when struck properly.

The correct strike is with a single finger pointed parallel to the humerus. The use of multiple fingers to strike makes the strike less effective because of the increase in surface area of your strike and by compressing protective muscle around the sensitive nerves. This is a combination muscle/nerve pressure point.

Some of the higher forms in styles, which concern themselves with pressure points, use a move that strikes both the Axillary nerve and this sensitive region simultaneously. This is done by holding your hand so that the thumb strikes the Axillary nerve at the same time as the index finger strikes the nerve point above.

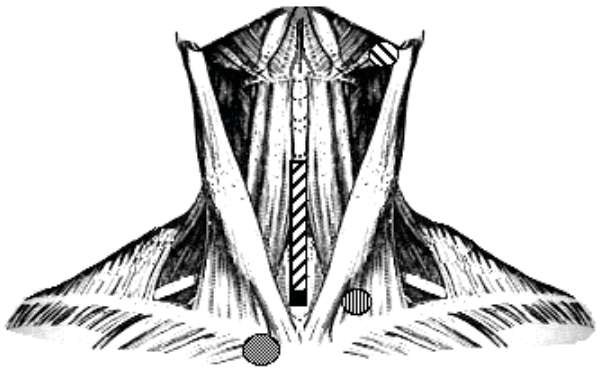
Obviously this is a very deadly move that has great potential for inflicting both pain and severe damage to an opponent. Don't practice it on another person!

LOCATION: Just opposite to the Axillary nerves. Located in the medial aspect of the axilla (on the chest wall) just anterior to the midline but behind the fold of muscle produced by the Pectoralis muscle. The best angle to strike this region is from the posterior, angled upwards, and anteriorly towards the centerline. This area is great for grabbing onto because you can pinch the Pectoralis muscle with your thumb and index finger while you put pressure on this point with the rest of your fingers. An excellent way to get someone's attention. This is a combination muscle/nerve pressure point.

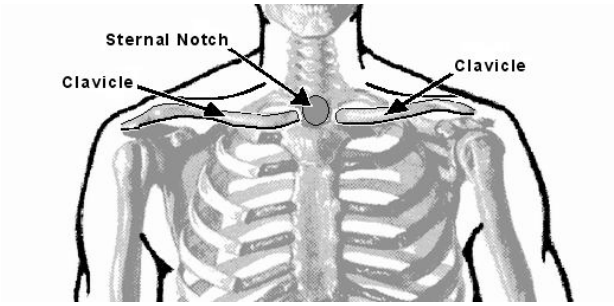
NECK

LOCATION: The centerline of the spine at the junction of the first and second cervical vertebrae. Blow is angled anteriorly and upward at 45°. **DO NOT PRACTICE THIS!** This is a killing blow ONLY! It has no other function except causing death by cutting the spinal cord through dislocation at the strike point. The margin between unconsciousness and death at this location is too small to matter. This is a combination tendon/ligament/deep nerve pressure point.

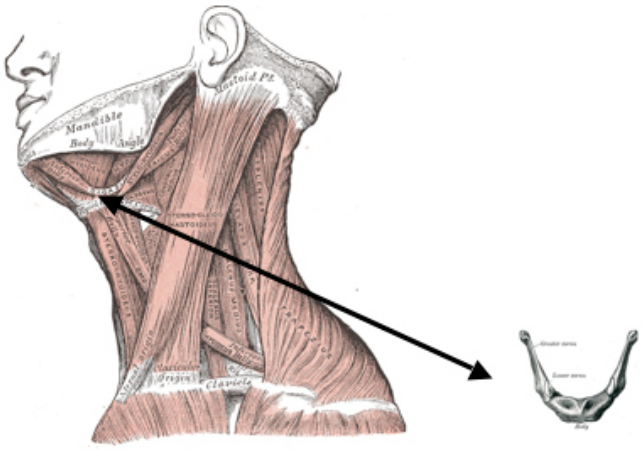
LOCATION: The distal half of the trachea from the suprasternal notch to hyoid bone of the epiglottis is very susceptible to pressure if applied quickly. The area is able to resist pressure applied slowly but not if applied quickly. The effect you will cause is stimulation of the gag reflex (a very uncomfortable feeling rather than pain.) This makes this point one of the special pressure points in the body. This is actually several body organs – mostly the epiglottis (voice box) in the mid centerline and the trachea below that [See the stripped line]. Be careful the epiglottis is breakable and will collapse the throat making it extremely difficult if not impossible to breathe.



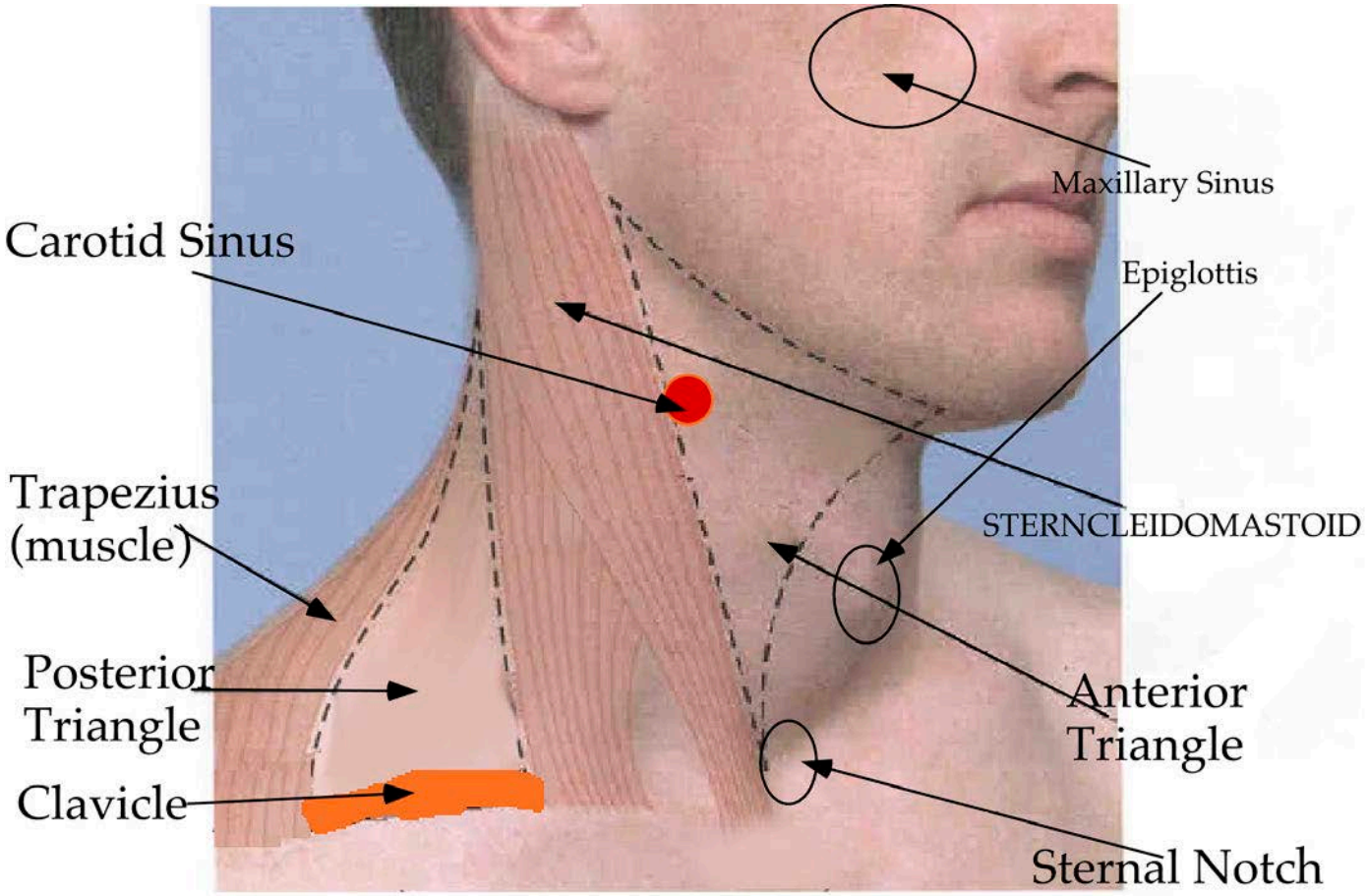
NOTE. If you use this area, I suggest that you strike just above the **suprasternal notch** see below where there is cartilage to protect the trachea. You will still produce a gag reflex but there is less chance of killing or maiming the person for life (unless they propel themselves backwards into a brick wall, that is), which is why some of my students have called this the superman button. Push this button fast enough and the person flies backwards. This is a combination nerve/reflex pressure point.



LOCATION: Above the epiglottis is the Hyoid bone. Be careful the hyoid is EASILY breakable and will collapse the throat making it extremely difficult if not impossible to breathe. Don't hit this area!



LOCATION: Under the posterior jaw just anterior to the sternocleidomastoid angled at 30° medially and 30° either superiorly or inferiorly. Both angles work, but the blow angled inferiorly is the most effective. The point works even better if you twist your fingers as you apply pressure, causing a muscle stretch reflex. This is actually a Muscle pressure point (despite what it feels like). See the picture below.

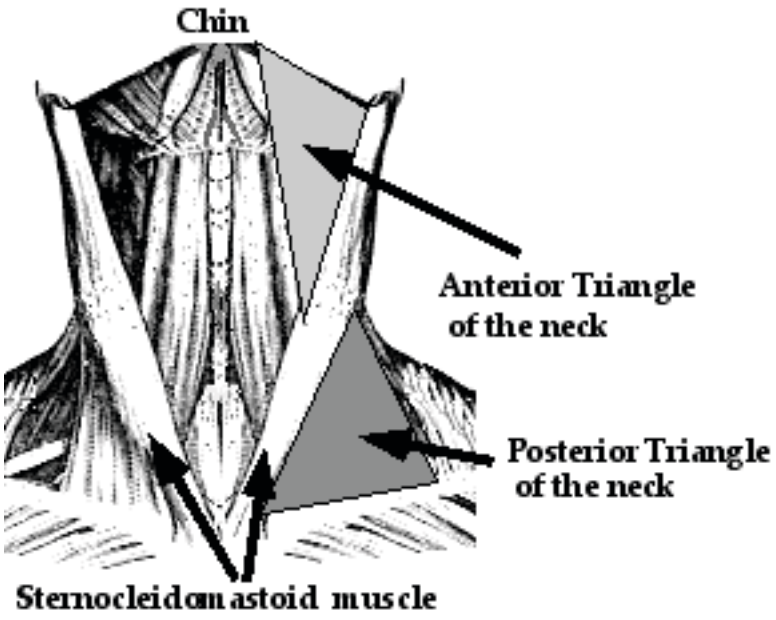


LOCATION: The medial head of the clavicle is very tender because of the thin layer of muscles that can be easily compressed and rolled. This is a combination of both ligament and bone pain. Very effective if done correctly. Even most non-responders feel this one. This is a combination ligament/muscle pressure point. (Inside of orange line in picture above - left side is not shown but is the same only reversed)

LOCATION: Just dorsal to the distal end of the sternocleidomastoid muscle. Strike with a single finger in a medial direction angled 45° posteriorly. This is a muscle pressure point. This is the point at the top of the sternocleidomastoid.

LOCATION: The edges of the sternocleidomastoid muscle are easy to roll with a knife hand. Note: This is not a strike, but rather a pushing technique that causes the muscle to stretch and thus cause reflex action to protect and overstretched muscle. Effective only when done relatively fast to very fast. This is a muscle pressure point.

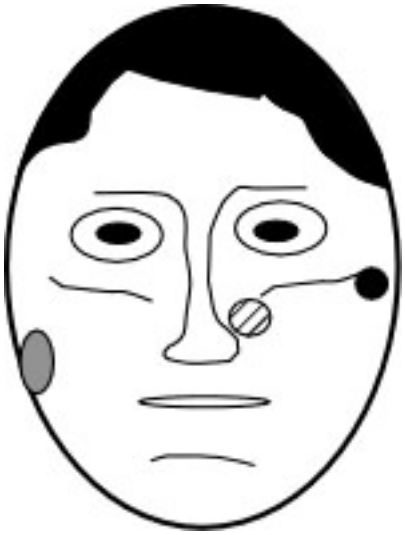
LOCATION: The dorsal neck has numerous tendons and ligaments to attack. Some of the more effective tendons to attack are the major tendons located in the posterior lateral aspect of the neck. The correct angle of attack is so that you strike your target at an angle directed toward the brain. Especially the junction of the Trapezius and the cervical paraspinous muscles. (Top of the neck in back - follow Trapezius muscle - picture above - to the top). **DANGER**: The force of strikes in this area are conducted to the brain, thus they have the ability to produce unconsciousness or death. This is a combination tendon/ligament/ reflex pressure point.



LOCATION: The midline superior neck just under the skull. This is a combination tendon/ligament/nerve pressure point. Note: This area will definitely conduct the force of the blow to the brain. **********WARNING ******** DO NOT PRACTICE THIS******* Too hard of a strike to this area will crush the hyoid bone and cause dislocation of the first and/or second cervical vertebrae causing total paralysis and death. This is a killing blow! You cannot undo this strike – DO NOT DO IT unless your life is in imminent danger!

HEAD (including face)

There are also some semi-useful reflex points on the face itself. These points are ones, which produce significant pain but also stimulate the maxillary sinus muscles to go into spasm. These points are located along the upper half of the inner fold of the facial cheek. See picture.



(Yes, the egg look is a joke. I am not even this good looking!)

Note: You have to strike these points with a small surface to penetrate correctly, thus a finger tip, eye of the phoenix or knuckle strike are best types of strikes to use. Additional stimulation of these points can be accomplished by an outward twist after contact.

What makes these areas somewhat sensitive is the fact that striking these points puts the muscles of the opening of the maxillary sinus into spasm. (The nerve controlling these muscles runs under the strike point) When this nerve goes into spasm the sensation is as if sinus is suddenly full of fluid (it has not but that is irrelevant.) The brain get messages that tend to cause some disorientation and lack of balance much like when a person has an infection in this area. Please note that this causes a variable effect, which depends a lot on how strong the concentration is of your opponent. It is possible to override this sensation so I want you to know that it is there and that it is a useful target point (much better than just hitting the face) but I wouldn't make it the only point I was attacking.

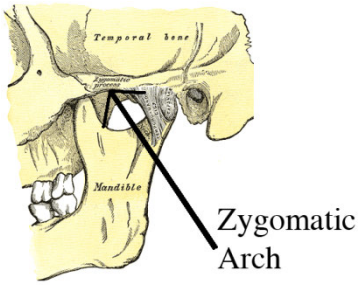
LOCATION: The outer edge of the ocular muscle (the muscle which rings the eye) is sensitive to being rolled. I know it is a very crude picture but you get the point. The most sensitive location is just lateral and inferior to the eye. (The black circle in the picture below)

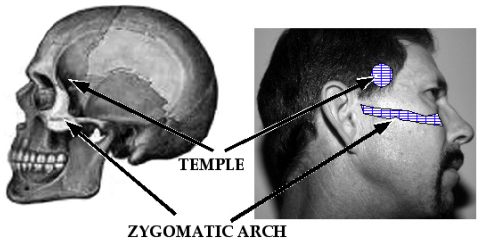
LOCATION: Maxillary sinus. Also just lateral to the nose (see the stripped circle in the picture above) This point, when stimulated, also makes the sinuses feel like they have suddenly filled up because of concomitant stimulation of the infra-orbital branch of the facial nerve. This is a muscle pressure point (despite what it feels like).

LOCATION: The eyes. The implications are obvious. The effects are permanent. Don't even touch someone eyes unless your life depends on it! Obviously, this is an organ pressure point.

LOCATION: The nose is an organ type strike. The nose is easily broken and bleeds profusely, and may leave deformity and trouble breathing in the long run but hard strikes do little else. A soft or mild strike however to the tip of the nose causes both eyes to water making it hard for your opponent to see. In the short run this is a much more useful situation as it is hard to aim if you can't see straight. The best strike is done with the open palm hand in an upward angle that only hits the tip of the nose in a glancing blow. Obviously, this is an organ pressure point.

LOCATION: The area of the zygomatic arch. Also called the cheekbone in layman terms. This area is moderately sensitive when hit but very sensitive to pressure applied by the fore-knuckles, especially in a rolling motion. This is a bone pressure point.

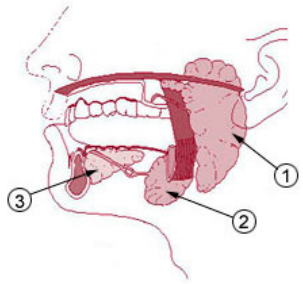




LOCATION: The area of the skull just posterior and superior to the ear. This area should be rolled with your fore-knuckles (PIP joints for medical personnel) while you are grabbing a hand full of hair. This is a nerve pressure point.

LOCATION: The ear. Actually you have to get pretty forceful to produce the sharp reflex producing pain with the ear that you can get from other pressure points. It helps to roll the ear against your thumb and index finger as you pull it, but even this does not cause dramatic pain. You can also produce very significant pain by a cupped slap to the external ear, which causes excessive distention or rupture of the eardrum. Note: The damage may not be repairable leaving the person partially or totally deaf forever. Obviously, this is an organ pressure point.

LOCATION: The parotid glands located just superior to the angle of the jaw. These glands respond to small surface area blows like fore-knuckles or spear hand strikes but are generally immune to fist strikes because of the dissipation of the force by covering muscle. This is an organ pressure point. (Numbers 1, 2 and 3 below) however Number 1 is the only target accessible from the outside



Again Number 1 is the only target accessible from the outside you can reach the other two from a strike under the chin aimed at the angle of the jaw but it is difficult and probably not worth the effort (these were only included because of questions about this that I have received about other parotid glands)

CHEST

Moving into the rib area, all EXPOSED ribs are candidates to be attacked; meaning that you cannot attack the nerves protected by each rib if there is too heavy of a muscle layer covering the rib. Therefore, the Pectoralis muscles protect the underlying nerves of the upper ribs, especially in front. However you can attack these muscles at their weak points.

LOCATION: Attacking the nerves under the ribs will produce sharp, moderately severe pain. This pain is, however, usually not severe enough to drop your opponent or to cripple them. Therefore, these points make very good points for persuasion when you wish to impress a point without actually harming someone seriously. Because of the pain withdrawal reflex, these points also work well for setting a person up for a really good strike.

The correct method of attack is to deliver a blow upwards at about 30° from horizontal because the nerve is located on the lower posterior aspect of each rib.

The best location to attack each rib is in the anterior Clavicular line because there is the least amount of muscle protecting the rib at this point. This is a nerve pressure point.

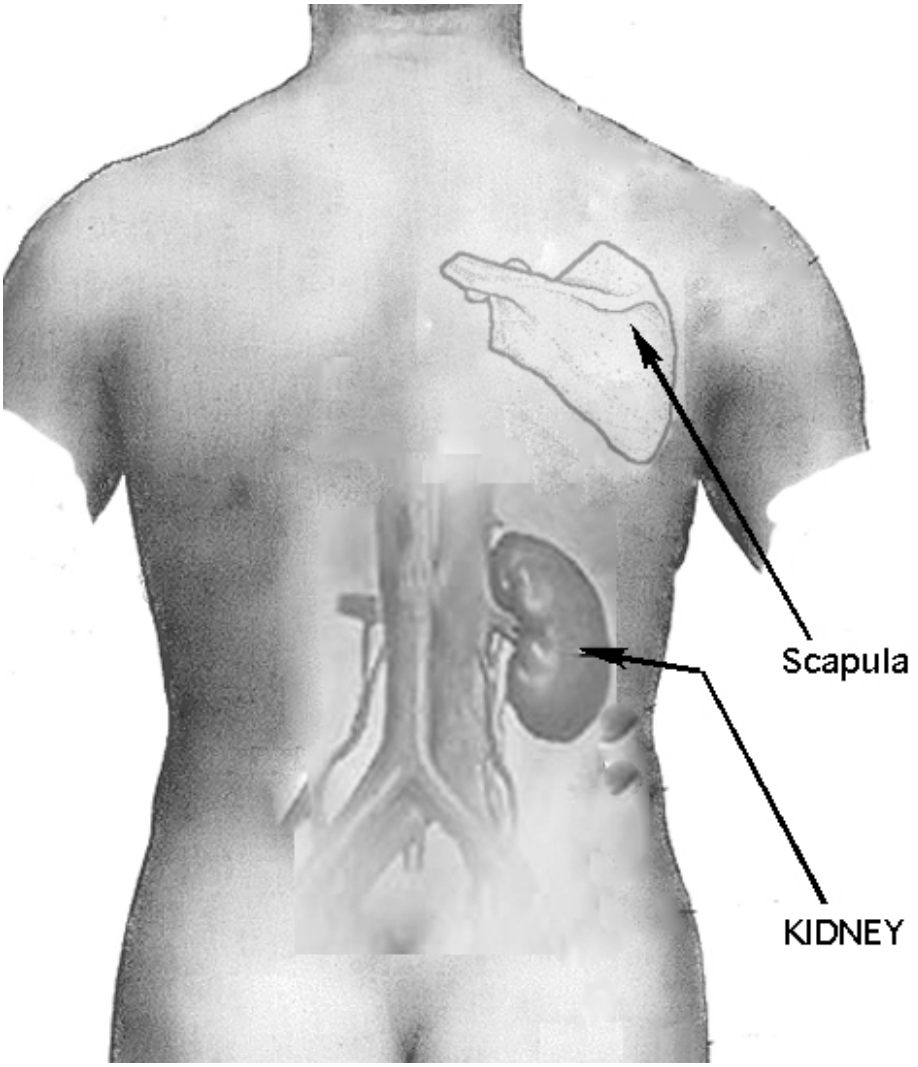
LOCATION: Most people are under the impression that there are no real ligaments or tendons that can be attacked in the chest area. This is completely untrue. Besides the numerous nerves to attack in this region, there are also numerous areas of exposed tendons and muscles, which make excellent targets if you wish to produce moderate pain. An excellent example is the tendons of the Pectoralis major and the Pectoralis minor. This is a tendon pressure point.

LOCATION: The entire sternum is vulnerable to strikes especially the superior and inferior aspects and the lateral edges where the head to the ribs articulates with the sternum. The best technique is done with a knuckle fist. For even better pain production, use a knuckle fist rub by making small circular rubbing motions. The nice aspect of this area is that no matter how large the chest muscles of the ape attacking you, they have no muscle covering the sternum. My favorite technique when I target this area is to strike with a knuckle fist in the upper third of the sternum and then drag my knuckle downward, forcefully, along the sternum. For some reason I never seem to be able to get to the inferior aspect of the sternum before Mr. Muscles decides to leave the area. (QUICKLY!) This is a bone pressure point.

LOCATION: The inferior ribs just anterior to the Axillary line have a relatively small layer of muscles. Thus they can be struck with a knuckle fist, as described above. This time, however, drag your knuckle upwards. This is a muscle pressure point that also recruits the pain caused by the bones of the ribs.

BACK

LOCATION: The area just medial to the scapula (or shoulder blade in layman terms). Divide the distance between the spine and the scapula in half and a line will be formed, This is the line of best effect. Best strike is done with the fore-knuckles. This is a muscle pressure p



oint.

LOCATION: The lower aspect of the scapula bone (shoulder blade) is an excellent target. There is a thin layer of muscle with bone underneath. Striking this muscle will not only cause pain, but will also cause the person to hurt every time they reach for something (like trying to throw a punch).

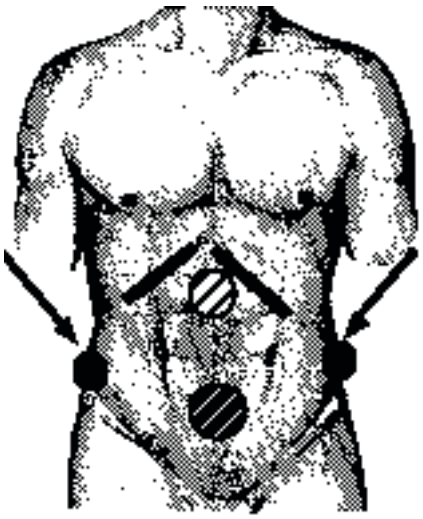
Note: Make sure you strike the lower aspect of the shoulder blade because the upper aspect has a ridge of bone that is not very sensitive when struck but will definitely hurt you. This is a muscle pressure point.

LOCATION: The kidneys are very sensitive to blows. In fact, if struck correctly they hurt much more than a groin strike. The angle is upward at 45 degrees in the posterior Axillary line angled toward the centerline of the body. Use a fore-knuckle. This is an organ pressure point.

NOTE: It is very possible to rupture a kidney causing internal bleeding and/or possible kidney death. If so the person will die unless surgical intervention is obtained!

ABDOMEN & PELVIS

LOCATION: The area just lateral to the inferior edge of the sternum along the twelfth rib is very sensitive to being rolled. This area is able to withstand direct blows because of muscle tension but the muscles will not protect the edge of the rib bone that can be rolled. This is a bone pressure point. See the Black lines in the picture below.



NOTE: Nerve strikes to plexuses (groupings of nerves) cause their effect without necessarily being interpreted as pain. When struck these plexuses cause just as great as effect as if the person was feeling pain, sometimes even more! These areas fall into the grouping of reflex pressure points, as did the neck strike. They produce interesting effects. That does not mean that they are not without danger!

LOCATION: The solar plexus. Direct the blows posteriorly and DOWNWARD at a 45° to stimulate the gastric nerve plexus. This is a great effect for after-action strikes. Hit the area with your fist then rotate you fist to apply a shock wave towards the gastric plexus. Typically you will see the person step back a little from the initial force of the blow, wait about 1/2 a second then double over from the reflex effect of the gastric plexus stimulation. I am not well versed in the Shorin Ryu style of Karate but I have seen some of their masters use these after-action strikes to produce spectacular results! This is a combination nerve/reflex pressure point. See the WHITE circle with the white and black stripes in the picture above.

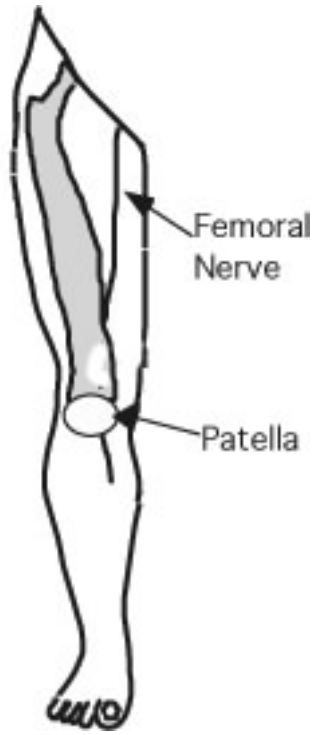
LOCATION: The area in the mid lower abdomen just below where the standard belt knot rests. Again, direct the blows posteriorly and DOWNWARD at a 45° to stimulate the pelvic nerve plexus. Again, this is a reflex strike so expect that 1/4 to 1/2 second wait for the effect. Note: Be very careful with this one! If you hit the bladder you can cause it to rupture, requiring surgery to fix – possibly even causing Death if infection occurs. This is a combination nerve/reflex pressure point. See the BLACK circle with the white and black stripes in the picture above.

LOCATION: The top of the pelvic crest. Strike the blows downward and towards the centerline at 45° into the medial top of the Iliac crest. This is bone pressure point.

LOCATION: The groin. Obvious applications. Best strike is done at 45 degrees upward into the body so as to

trap the testicle and penis against the symphysis pubis bone. For females reading this, be assured that a groin strike DOES hurt females just as much as males!! This is an organ pressure point.

THIGH



LOCATION: The femoral nerve is prime for attack in the medial aspect of the proximal thigh. Located just distal to the groin, the femoral nerve is poorly protected in the proximal 1/4 of the medial thigh. The angle to strike is from medial to lateral angled through the proximal thigh at 45°. This is a nerve pressure point. See picture above

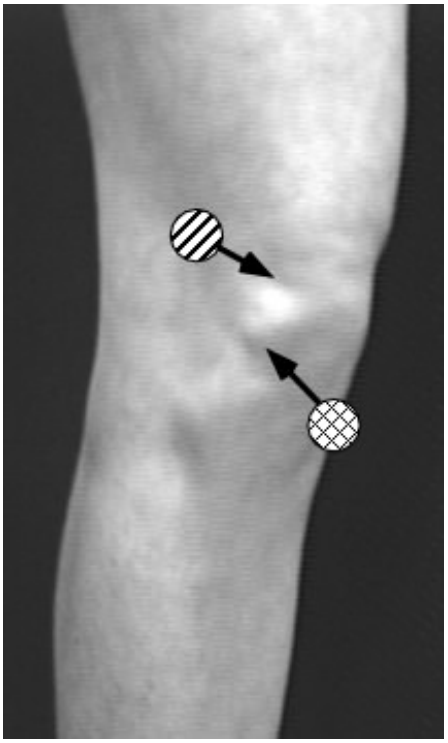
LOCATION: The medial mid aspect of the distal thigh just proximal to the epicondyle. The object here is to drive the cutaneous nerve into the epicondyle. This is a nerve pressure point.

LOCATION: The Sartorius muscle is moderately sensitive to being struck, especially in the proximal 1/4 of it length, (the anterolateral aspect of the muscle). Make that very sensitive if you hit the poison hands spot, as they won't be able to stand on the leg for at least 20 minutes! **The Stripped area in the picture above**

NOTE: These are not regular pressure points! These are **special** muscle points using POISON HANDS Techniques. {Poison Hands techniques are a set 5 different but related techniques that are very different from Pressure points - I am afraid they take more details than I can explain here. Read the book Poison Hands: Truth, Techniques and Reasons if you want more information.

LOCATION: The lateral-anterior aspect of the distal thigh just proximal to the epicondyle contains sensitive muscles edges, which can be rolled. They can also be kicked! (Either circle in the picture below) Aim for the line which separates the anterior muscles from the posterior muscles, this will trap muscle edges from both

groups against the femur with excellent results. This is a muscle pressure point.



LOCATION: The distal lateral thigh, just proximal to the knee joint. (The hatched circle in the picture above) These can be rolled easily with the knife-edge kick. Your opponent's leg should be extended with the knee straight. Otherwise the muscles form a protective barrier over the ligament. You can also sometimes trap the muscles just proximal to the epicondyle of the femur causing significant pain. A good technique for grappling / wrestlers. This is a combination tendon/ligament/muscle pressure point.

LEG (including knee)

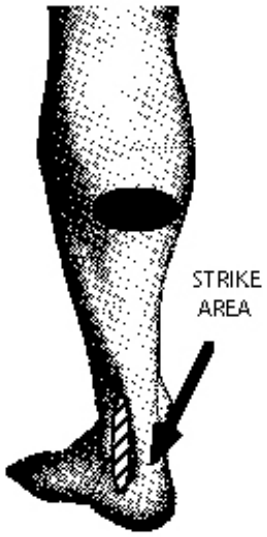
LOCATION: The patella (the knee cap) itself is a moderately painful area that can be kicked or struck. NOTE: If you kick the patella you are most likely to produce permanent damage to both the patella and the underlying knee cartilages! This area can also be rolled with the fore knuckles to produce bone pain usually without significant damage. This makes it useful for those masochistic enough to wrestle with someone (with modified rules to allow pressure points, of course.) This is a bone pressure point.

LOCATION: The anterior aspect of the tibia bone (known as the shin bone) is a sensitive area to kick if you have shoes. In fact, the kick is moderately effective but when you combine that with downward scraping action you will get results that will definitely get their attention. However, I must warn you there are some styles that deliberately desensitize these areas, so they will not feel as much pain as the average person. For these special situations I suggest that you continue the downward motion until you get to the top of the foot. Since it is hard to fight with a broken foot, thus you may adjourn the fight at your convenience. This is a bone pressure point.

For the next two points you should trap opposing sides like you did for the wrist. The rule of opposites also applies here.

LOCATION: The medial posterior aspect of the proximal leg approximately 1/2 inch distally to the medial condoyle. Pressure best applied in a counter clockwise rolling motion and directed laterally at a 45° angle through the leg. The object is to trap the internal saphenous nerve against the medial aspect the tibia. This is a combination muscle/tendon/ligament/nerve pressure point.

LOCATION: The medial-posterior aspect of the distal leg just proximal to the epicondyle. Pressure best applied in a counter-clockwise rolling motion and directed laterally at a 45° angle through the leg. This point is very similar to the point on the wrist (distal lateral aspect of radius). This is a combination muscle/tendon/ligament/nerve pressure point.

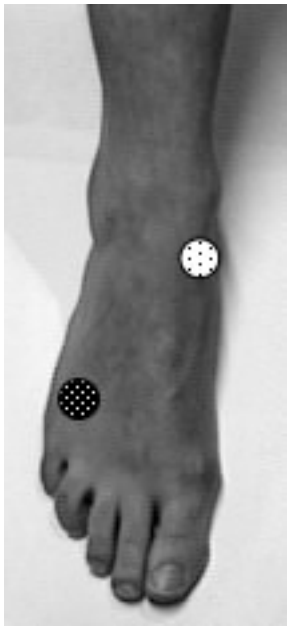


LOCATION: The posterior superior lateral edge of the Soleus muscle as it protrudes from under the Gastrocnemius muscle, along the tibial border, is very sensitive to being struck with a knife hand angled 45° back at you. This is a muscle pressure point.

Note: This is an extremely good target to strike to deflect a kick. Not only will you divert the kick but also when they try to step back down on their leg, you will get a moment where they have to fight the pain withdrawal reflex before they can use their leg. IF you are even moderately good it will be all the time you need.

FOOT

LOCATION: The ankles can be stimulated just distally to the medial and lateral malleolus, exactly like the wrists. Again, you will be trapping opposite pairs of ligaments & tendons and twisting. Also the medial-posterior aspect of the ankle just posterior and inferior to the epicondyle contains the plantar nerve which can be rolled laterally at a 45° angle through the leg. This is a combination nerve/tendon/ ligament pressure point.



LOCATION: The interspaces between the 4th and 5th metatarsals just distally to the proximal metatarsal heads. This is a strike area, which is best attacked with a stomp by your heel and then twist laterally (with your toes as you leave the heel in place). This is a combination tendon/ligament pressure point.

LOCATION: The plantar surface midline of the foot is not a very useful location because of the fact that on the street everyone wears shoes, but the location is there and does respond well to knuckle punches. In fact, a properly timed strike to this area, done as your opponent is throwing a kick at you will cause them to retract that kick so fast they will most likely wind up on their butt on the ground. This is a combination tendon/ligament/reflex pressure point.

CONCLUSION

As I said earlier these are not even close to all the areas you can attack but I have given you examples of almost all the different types of areas to attack. Now that you understand the principles, I suggest you sit down with a good anatomy book and go to work. The effort will be worthwhile!

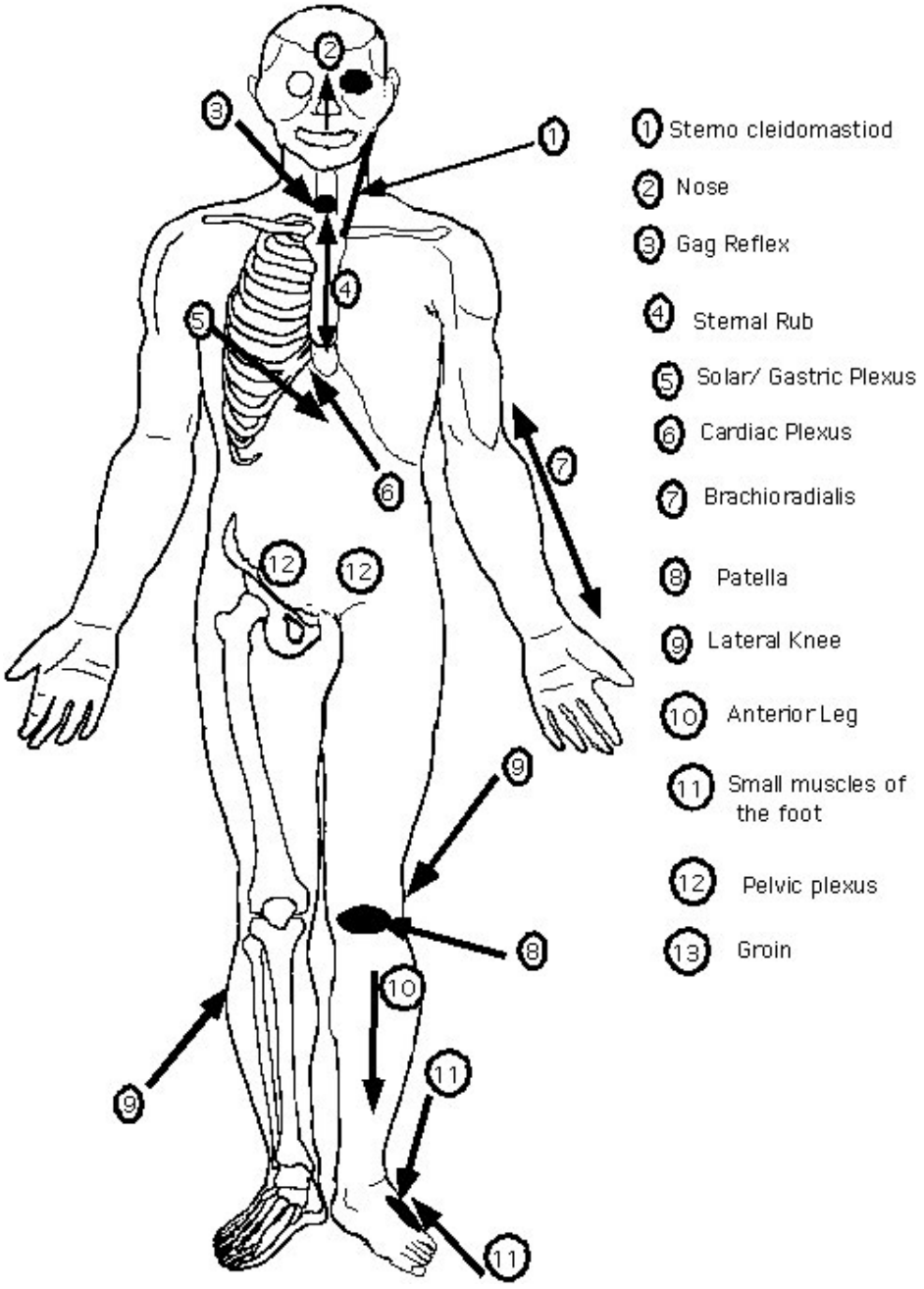
The second book in this series explains how Pressure point fall into the fighting scheme and also explains how the old Chinese Pressure point system was supposed to work and the misinterpretations that caused most of the mistakes that many people unfortunately still base their Pressure point strikes on today.

The third book in this series Reflex Hidden secrets goes not only into additional points but how these points fall into classes. – It is particularly useful for a classification called level THREE pressure points. Unfortunately I believe this is the only book that actually delves into this area. IT does explains the basis for some of the really advanced Pressure point stories and effects that we have all heard about.

An additional book that may help you define real Pressure points from simple anatomy is the Book Essential Anatomy for the martial artist. While it does have many of the points contained in this book it also contains MANY more points and explanations why these areas can, (and how the can be) attacked

APPENDIX

Some target areas



Other Books and DVD's

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BOOKS:

SECRETS OF POWER 1 - Technology Versus Magic.

SECRETS OF POWER 2: The Mental Warrior.

SECRETS OF POWER 3: The Path to Enlightenment.

PRESSURE POINTS: The Deadly Touch.

ADVANCED PRESSURE POINTS:

The System of Pressure Points.

REFLEX PRESSURE POINTS: HIDDEN SECRETS.

POISON HANDS: Truth, Techniques and Reasons.

ADVANCED FIGHTING TECHNIQUES.

The Principles and Practice of Acupuncture.

Weapons: Deadly Truths.

The Complete Book of Light Force Knockouts.

Essential Anatomy For the Martial Artist.

DIM MAK: The FINAL Reality*. This books was written to counter all the BS about DIM MAK… it is the facts no the myths but I am not sure If I am going to release this to the general public – I will probably allow people to have a copy upon request and age verification but this material is STRICTLY for education, And has no present day self defense purposes.*

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Anmo Yao: An Introduction to The Basics.

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POISON HANDS: Truth, Techniques and Reasons.

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