



# Challenges and Strategies to Maximize Acupuncture Effectiveness

## 针灸疗效最佳化的挑战与对策

Guan-Yuan Jin, MD, C.Ac.  
金观源

International Institute of Holistic Medicine, USA  
美国国际整体医学研究所  
Milwaukee , WI , USA

# Dr. Jin's Credentials



**NCCAOM Certified Acupuncturist & Herbologist**

**One of the first 18 Diplomates of Chinese Herbology , USA**

**Licensed Acupuncturist in Wisconsin , USA**

**Director, International Institute of Holistic Medicine, USA**

**Clinical Specialist, Beijing University of TCM, PRC**

**50 Years of Experience in Treating Tough Cases**

**Honorary Professor, Guangzhou University of TCM, PRC**

**Published 25 Books and over 100 Academic Papers (Leading Author of *Contemporary Medical Acupuncture* – Springer, 2007)**

**Founding President of the Society of Chinese American Professors & Scientists (SoCAPS)**

**Past Acupuncture Advisor of Wisconsin State, USA**

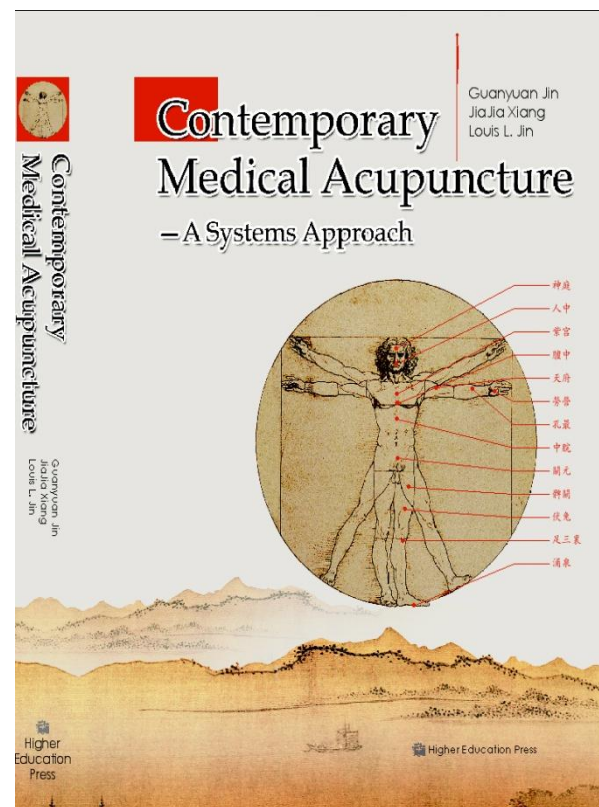
# 金观源教授简介



- 美国威州执照针灸师，50年中美针灸临床经验
- 美国国际整体医学研究所所长
- 北京中医药大学中医临床特聘专家
- 广州中医药大学名誉教授
- 纽约中医学院荣誉客座教授
- 曾任威斯康新州政府中医针灸顾问多年
- 美国国家卫生研究院（NIH）基金评审专家
- 美华学社（美国华人教授科学家学社）创会会长
- 旅美中国科学家工程师专业人士协会会长、理事长
- 著有25部中英文专业著作及100余篇论文

# Dr. Jin' s Academic Books

Dr. Guan-Yuan Jin has authored / co-authored 25 books



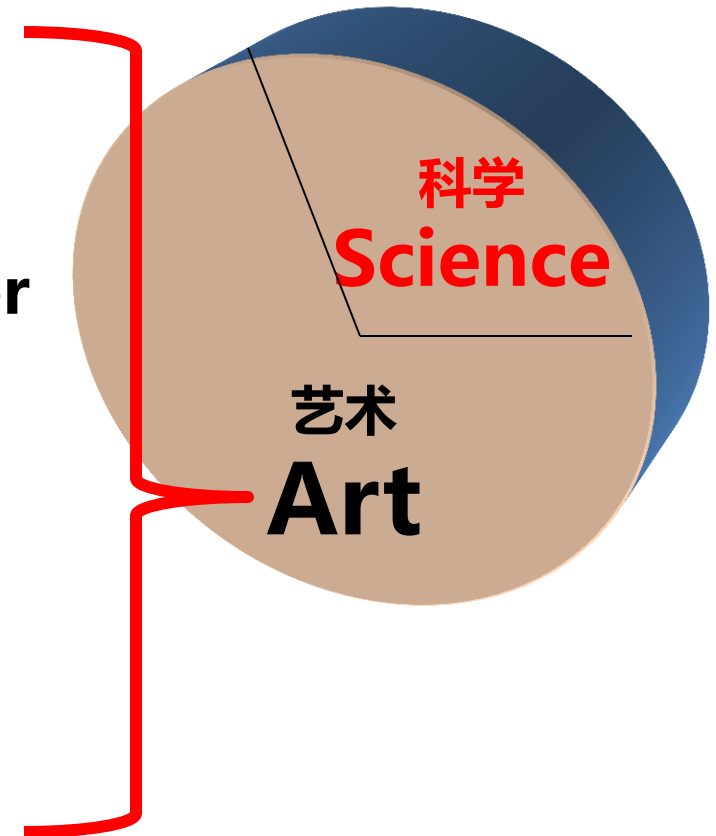
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# I. Challenges of Classical Acupuncture

## 传统针灸面临的挑战

- The randomness of point selection and association  
取穴、配穴的随意性
- The lack of gold standard for needle-manipulation or moxibustion  
操作方法的不规范
- The uncertainty of therapeutic effects  
疗效的不确定性
- The primitiveness of the meridian theory  
经络理论过于原始



# Challenges of Classical Acupuncture

## 传统针灸面临的挑战

### Challenges 挑战

#### Theoretical 理论上

Confusion about the meridians  
经络实质的迷惑

#### Technological 技术操作上

Uncertainties of the operations  
针灸操作的随意性

# 1. The randomness of point selection & association

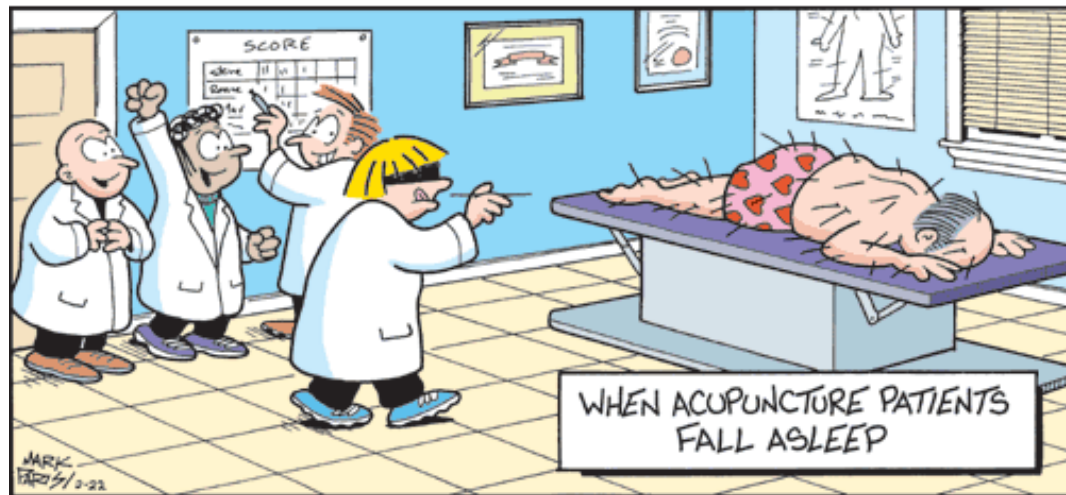
## 取穴、配穴的随意性

- Many points can be used to treat a single kind of illness.
- A single point may be of many indications.
- There is an abundant pool of points to choose from, local, adjacent or distant,
- Sometimes a single point is used while other times multiple points at once can be chosen.
- 大多数穴位可以用治疗多种疾病（同经异治），许多穴位可以用治同一种疾病（异经同治），故有许多穴位（局部、邻近或远端）可以选用。有时只用一穴，而有时又可多穴合用。

# The randomness of point selection & association

## 取穴、配穴的随意性

- There is an obvious lack of comparison in determining which point has the greatest effectiveness for a certain illness, and how many points can be used in combination to obtain optimal therapeutic outcomes.
- 对究竟用哪一个穴位或配穴有最佳效果缺乏科学的比较。也不清楚它们的作用是特异性的还是非特异性的。



## 2. The lack of gold standard for operation 操作方法的不规范

- (1) Different points or any depth / angle at the same point 不同或同一刺激点但不同深度、不同角度刺激的选择
- (2) Stimulating orders 刺激顺序
- (3) Stimulating strength 刺激强度
- (4) Stimulating time 刺激或留针时间
- (5) Stimulating types and references 刺激类型或刺激参数
- (6) Needling sensation and its conduction directions 针刺感传
- (7) Operating methods of needling 针刺手法
- (8) Match of Local /remote acupoints 局部、远端刺激的配合
- (9) Production of anti-acupuncture adaptation 抗针性的产生
- (10) Time intervals between sessions 治疗间隔长短
- (11) Internal/external environments during acupuncture 留针期间周围环境或病人入静的影响
- (12) Moxibustion or infrared heating lamp? 艾灸还是热疗?
- (13) Combination of herbs and acupuncture roles 针药并用
- (14) Combination of acupuncture and massage effects 针灸与按摩的配合

# 3. The uncertainty of effectiveness

## 疗效的不确定性

- The intervention of acupuncture or moxibustion is non-specific compared with medications, and its effects can be easily influenced by many factors including pre-existing conditions or sensitivities of the patient.
- 由于针灸治病是通过体表刺激实现的，而每个人的体表敏感性有着很大的个体差异，即使同样的刺激，输入机体的信息也不尽相同。而且，针灸治病的原理主要是调整作用，故疗效很容易受机体原有状态及其他许多因素包括情绪、精神状态的影响。

# The uncertainty of effectiveness

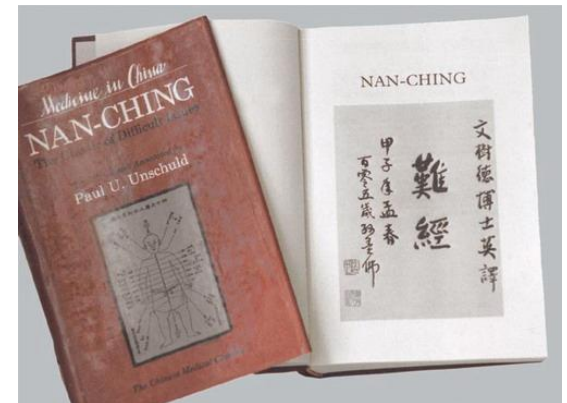
## 疗效的不确定性

- Either a patient treated by several acupuncturists or several patients suffering the same illness treated by an acupuncturist might produce completely different outcomes. Sometimes, even for two onsets of same illness in the same patient, and with the same acupuncturist providing the same type of treatment, results may still vary.
- 同一患者由不同的操作者来治疗，或者患同一种疾病的不同患者由同一操作者治疗，都可能会有完全不同的效果。有时，即使是同一患者同一疾病的两次发作，经同一操作者用同样方法治疗，效果也不尽同。



## 4. The primitiveness of the basic theory 经络理论过于原始

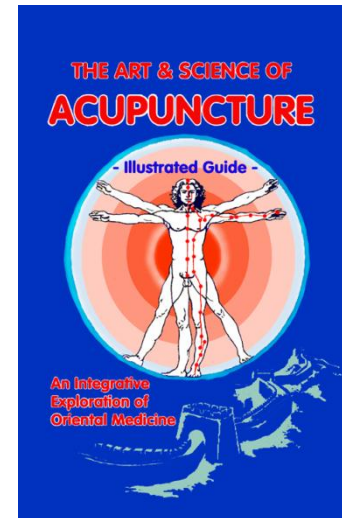
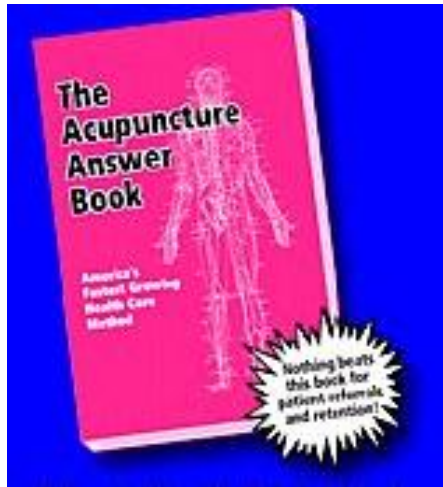
- The greatest challenge is that there have not been any special structures of meridians discovered that are unknown to anatomy. Moreover, most descriptions of acupuncture mechanisms or techniques using ancient terms are only at a level of naive dialectical thoughts and are difficult to integrate with contemporary medicine.
- 古典的经络学说虽然描述了体表特定部位与内脏及其他部位的联系，但中医的脏腑并不与西医解剖学上的内脏所完全对应，难免有甚多牵强附会之处，而且许多古典术语模棱两可、定义含糊，使其对针灸治病原理的解释等，很难与现代医学融合。



# Current State of Acupuncture

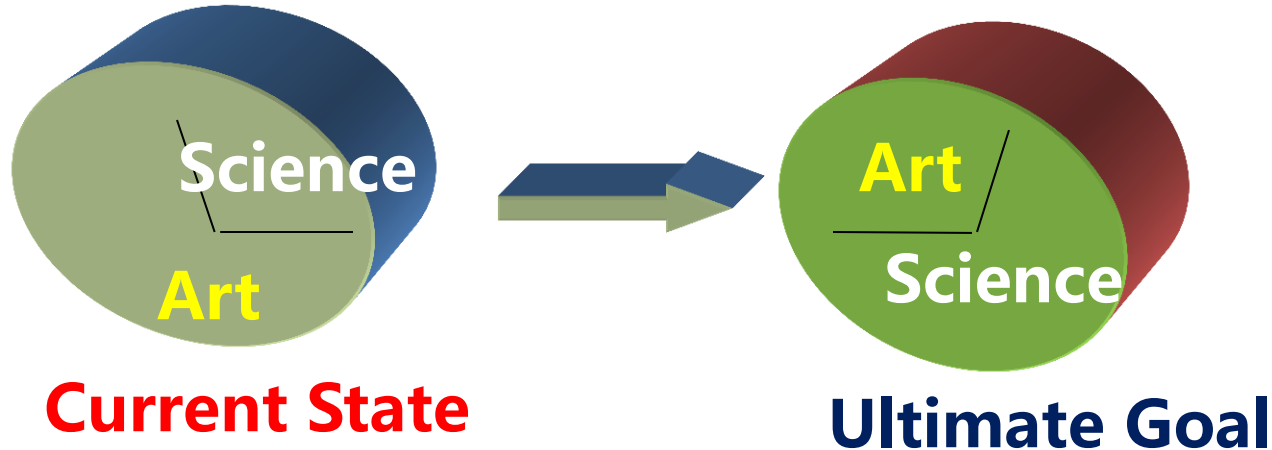
## 认识针灸本质的现状

- Most acupuncturists fail to recognize the scientific essence of acupuncture. Many medical acupuncturists even overlook the meridian system completely. This state is indeed unfavorable to the integration of classical acupuncture into the mainstream of contemporary medicine.



# The Ultimate Goal of Acupuncture

## 针灸从艺术到科学的转型

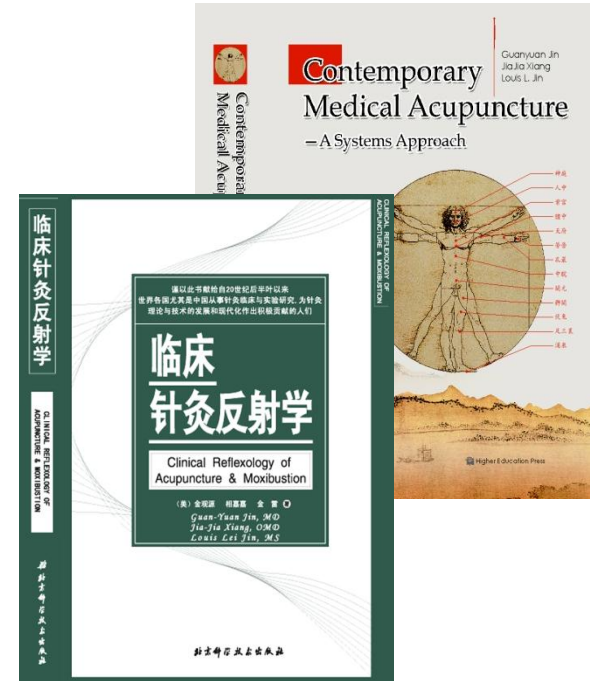


Because reproducibility is one of the most distinguishable characteristics of science , classical acupuncture can only be considered as an art or, at most, partial science. In order to realize the ultimate leap of acupuncture from art to science , the key is to increase the certainty of effectiveness and to reduce the randomness of techniques.

# The Approach of Acu-Reflexology

## 针灸反射学的新途径

- Today, it is relevant to raise the reproducibility of acupuncture effectiveness. It needs revolutionary changes of the classical meridian theory and technology. The proposed Acu-Reflexology contains a brilliant perspective, and it is a new development rather than a simple old copy of the early preliminary reflex theory in the 1950s.



- 如何提高针灸疗效的确定性，或者说减少其艺术成分的比例，已刻不容缓。这需要对传统的经络理论与技法进行一场革命。从反射学的观点出发，有望根本上解决这一难题。这不是二十世纪五十年代那种初步认识的简单重复，而是螺旋式地发展到新的高度。

## **II. The Theory of Acu-Reflexology** **针灸反射学理论**

- 1. Reflex arcs: The basis of acupuncture**  
**反射弧 : 针灸治病的原理**
- 2. Reflex zones: The essence of meridians**  
**反射区 : 经络的实质**
- 3. Reflex therapy: The entity of acupuncture**  
**反射疗法 : 针灸的归宿**

# Main Scope of Acu-Reflexology

## “针灸反射学”的主要内涵

- It aims to bridge the gap between classical acupuncture therapy and contemporary medicine.
  - The meridians are actually systems of physiological and pathological reflexes in the body, and acupuncture therapy is a type of reflexotherapy.
  - A novel concept called whole-body reflex zones is proposed, which may efficiently inherit and clarify the meridian system.
  - A systems approach to analyze and guide acupuncture process to maximize therapeutic effectiveness.
- ❖ 旨在传统针灸与现代医学之间架起桥梁；
  - ❖ 提出经络实际上是身体的生理、病理反射系统，针灸是一类反射疗法；
  - ❖ 提出身体反射区的新概念，既可以继承又可以阐释经络系统；
  - ❖ 系统分析与指导针灸全过程以使针灸疗效最大化。

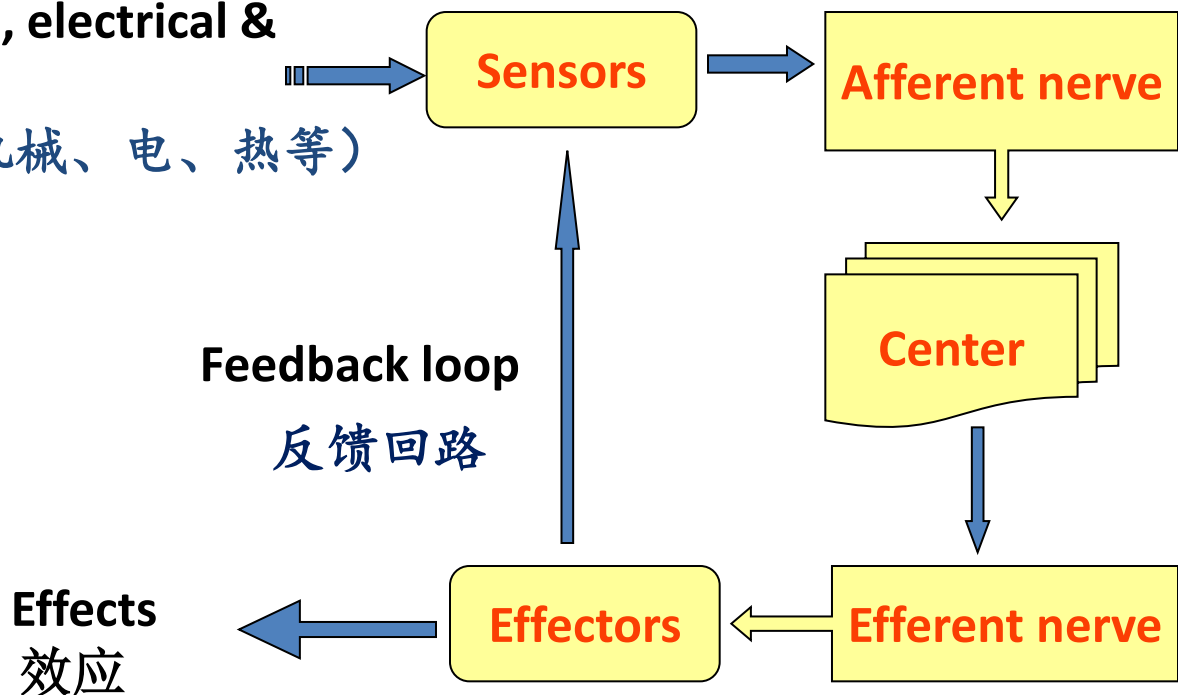
# 1. Reflex Arcs: The Basis of Acupuncture

## 反射弧：针灸治病的原理

Acupuncture signals

(Mechanical, electrical & heat, etc)

针灸信号（机械、电、热等）

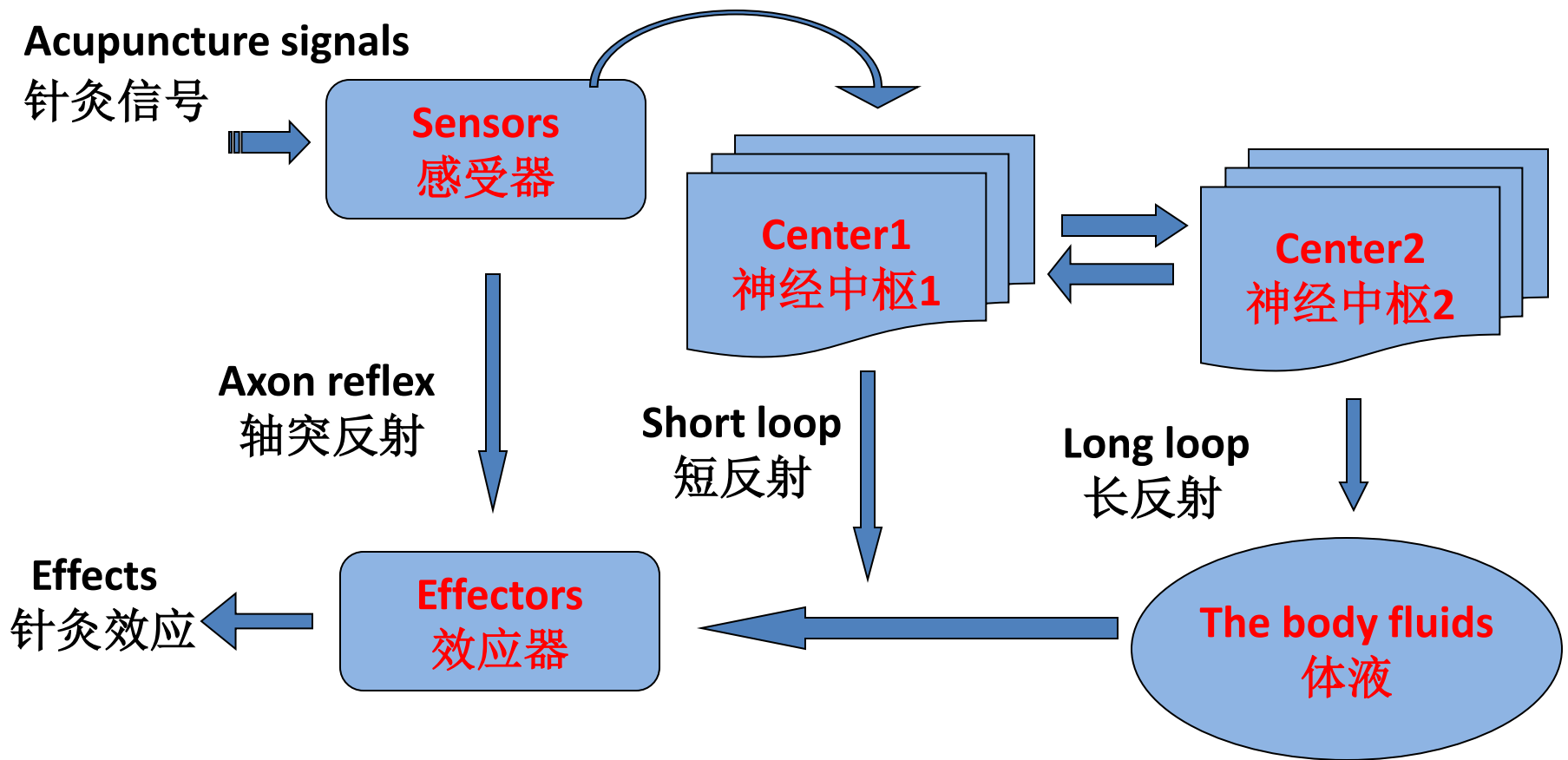


# Acupuncture Pathway

- **Acupuncture (AP) stimulus is carried by afferent peripheral nerve**
  - **Can be blocked by Procaine**
  - **No AP analgesia on paralyzed limbs (somatosensory paralysis)**
  - **Most profound AP analgesia is from points overlying major peripheral nerves**
- **Needling sensations or effects would be weakened or subsided once if anywhere along neural pathways governing needling sites were blocked, sectioned or damaged.**

# The reflex arcs responsible for acupuncture effects

## 产生针灸效应的长、短反射弧



# Physical Stimulation Types of Modern Acu-Moxibustion

## 现代针灸疗法的物理刺激类型

Surface electrodes(TENS)  
Electro-acupuncture } Electrical Stimulation

Acupuncture  
Small needle scalpel  
Massage  
Manipulation(*Tuina*)  
Gua-sha  
Cupping } Mechanical Stimulation

Moxibustion  
Heating pad  
Other heating therapies } Thermal Stimulation

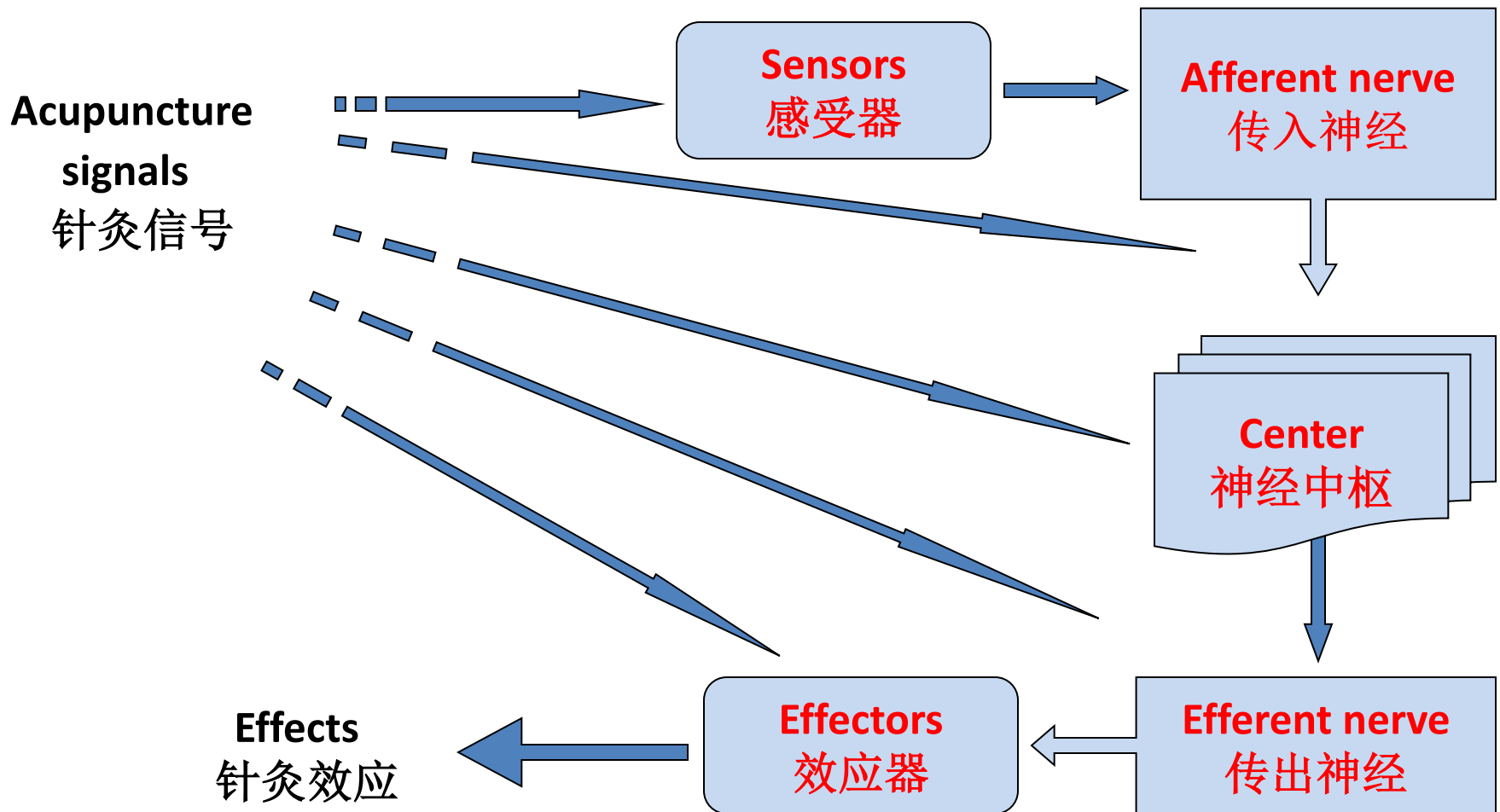
Infrared wave  
Ultraviolet wave  
Laser } Photic Stimulation

Ultrasound → Sound Stimulation

Magnetic field → Magnetic Stimulation

# The input locations of acupuncture signals

## 针灸信号的输入部位

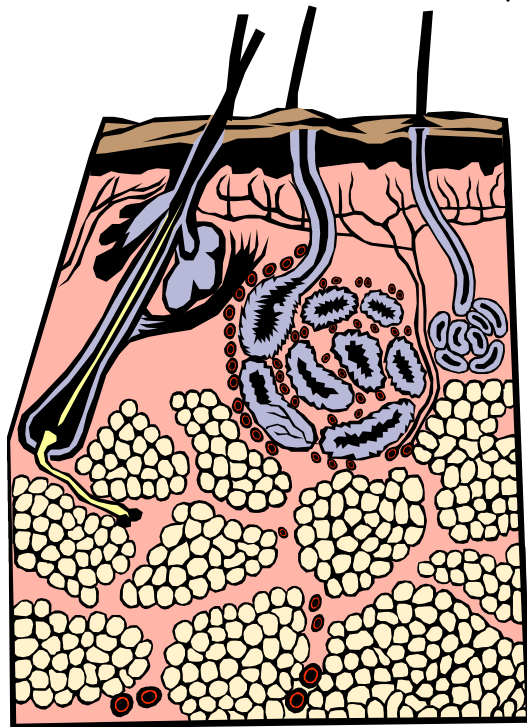


# Layers and Sensors within Acupoints

## 穴位的层次与相应感受器

### Needling Signals

#### 针灸信号



Skin 皮肤

Free terminals  
游离神经末梢

Subcutaneous tissues  
皮下组织

Few free terminals  
少量游离神经末梢

Muscle 肌肉

Muscle spindles 肌梭

Nerve trunk  
神经干

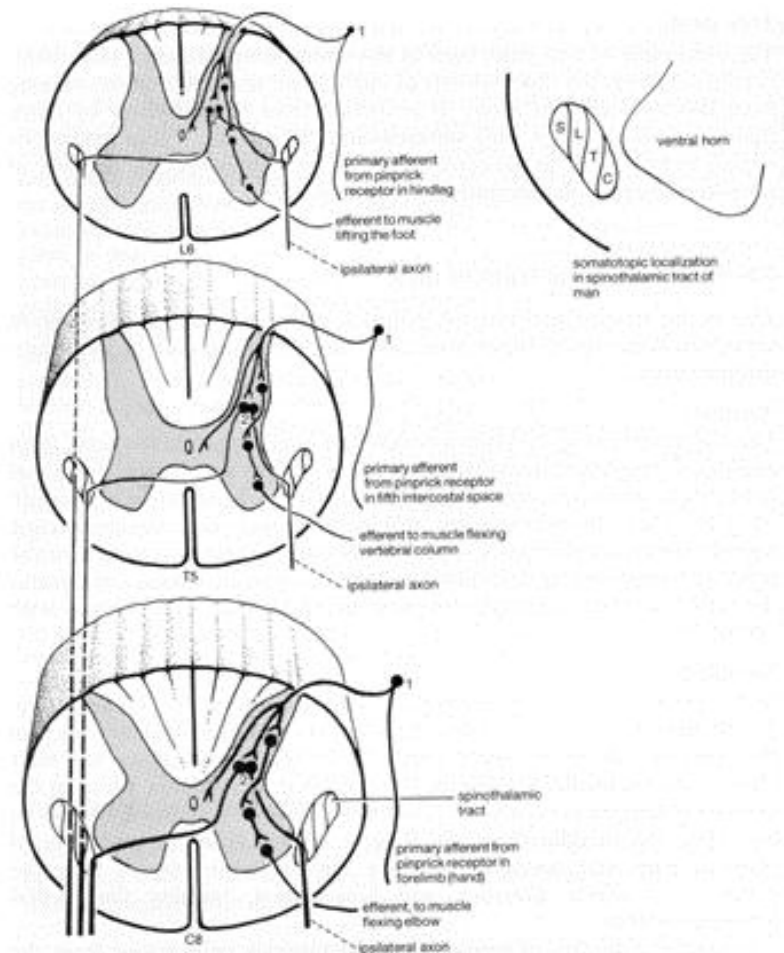
Nerve fibers 神经纤维

Bone membrane/joint  
骨膜或关节腔

Joint sensors, etc.  
关节感受器等

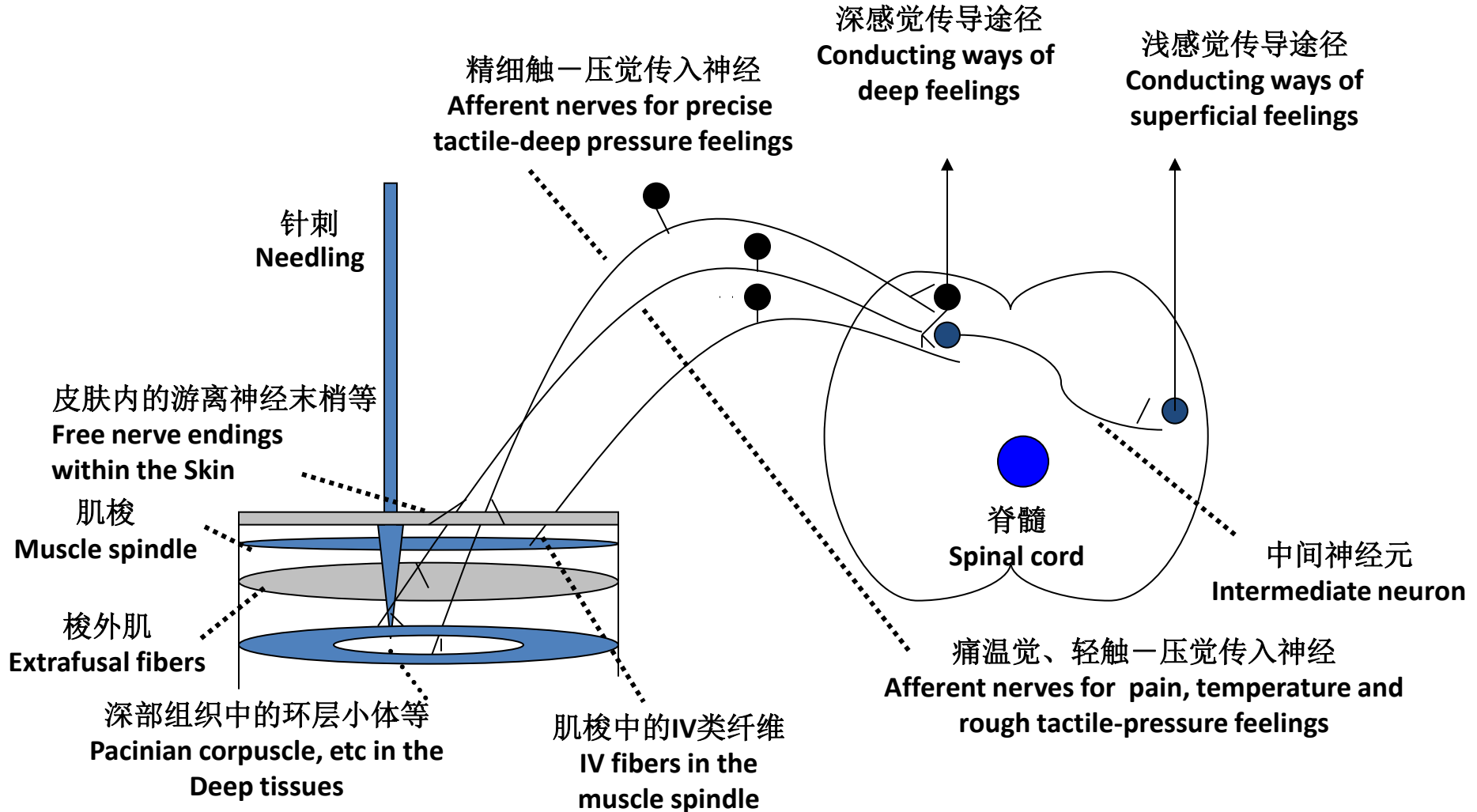
# Acupuncture Pathway

- Stimulus enters the spinal cord
- Integrated information ascends the spinal cord to the brainstem, thalamus and cerebral cortex



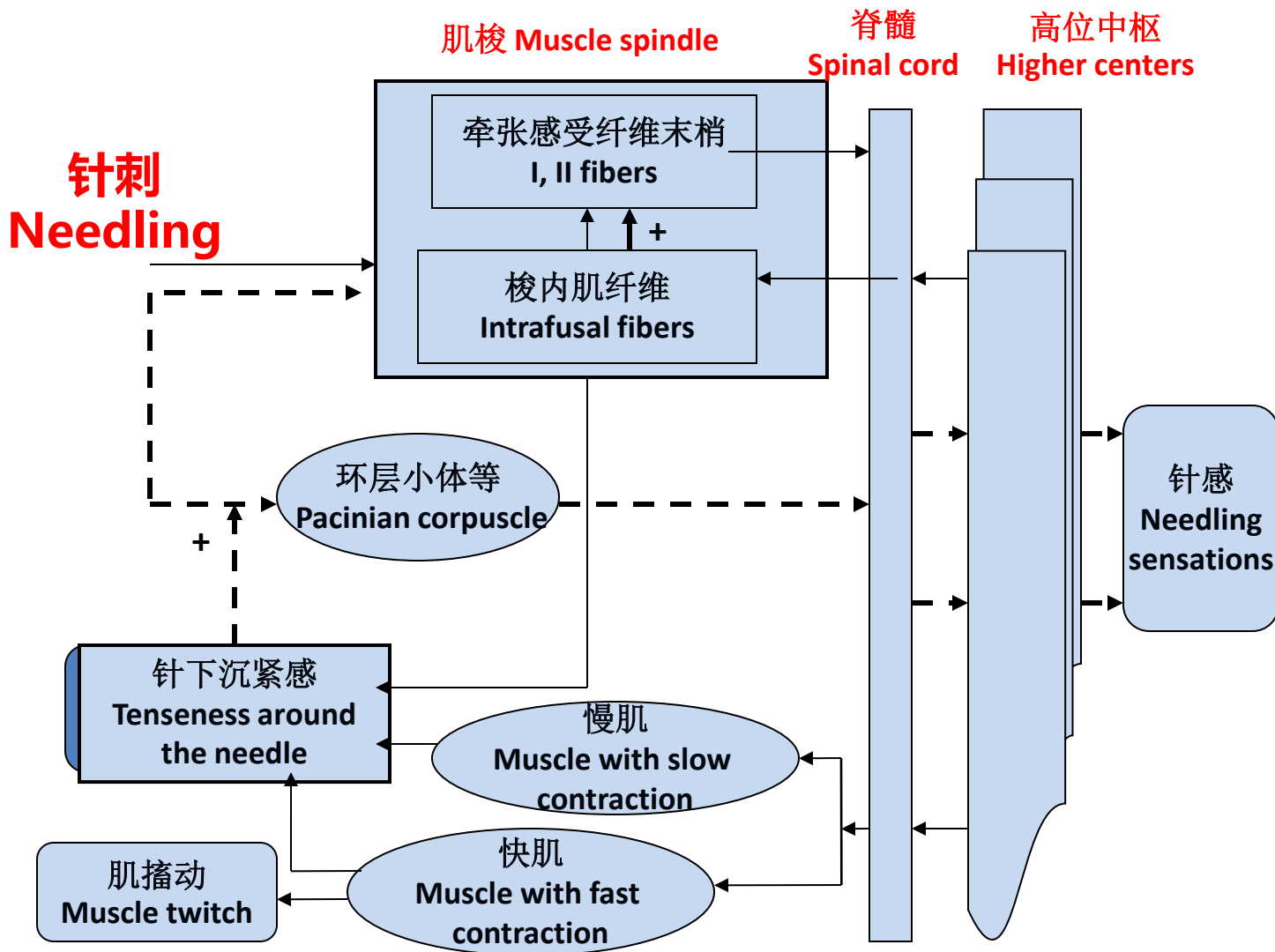
# Afferent Ways for Needling Sensations at Deep Acupoints

## 深部穴位针刺感觉的两种传入途径



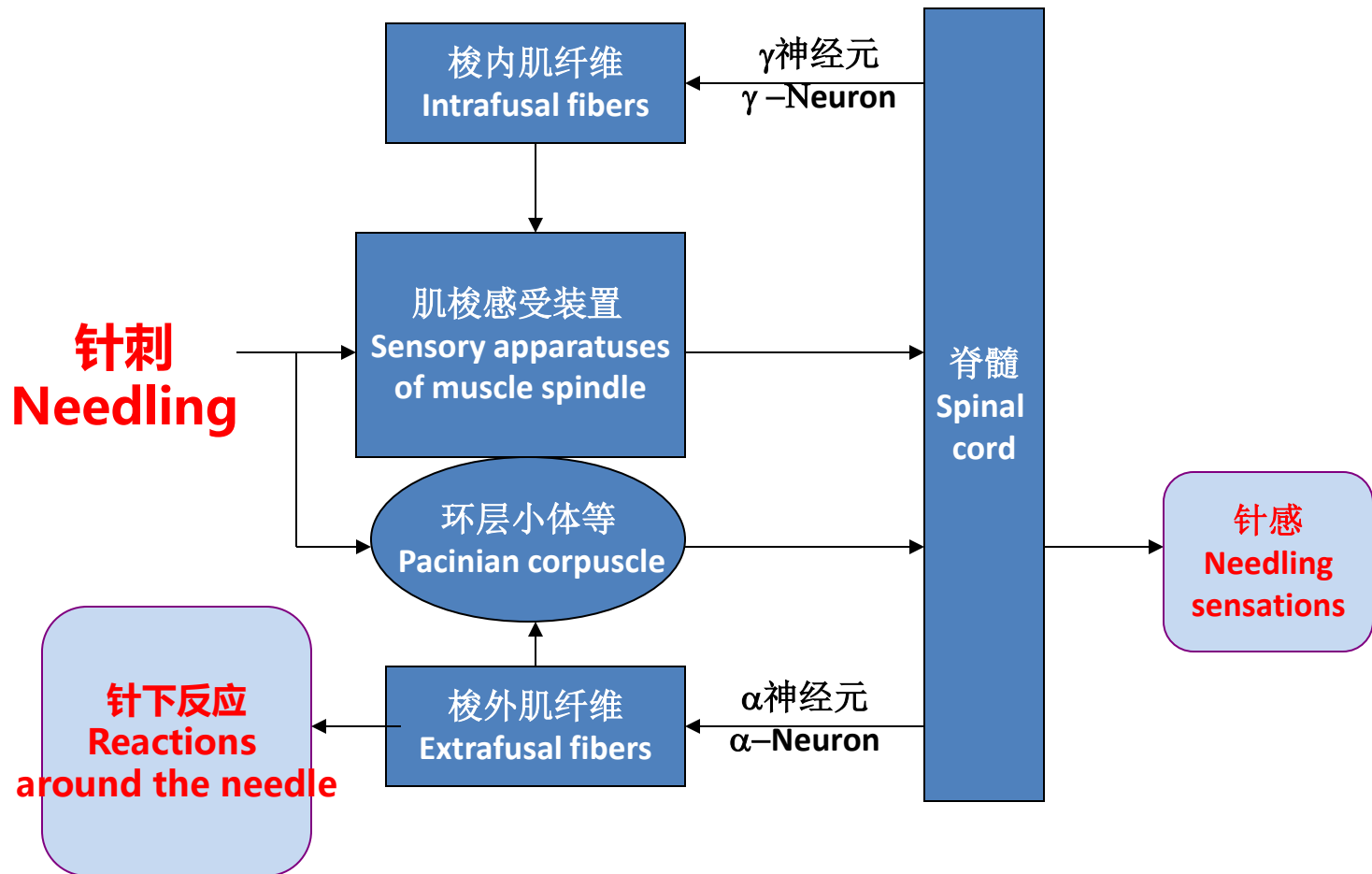
# The Reactions Around the Needle & Strengthening Needling Sensations

## 针刺肌梭诱发的针下反应与针感的维持和强化



# Positive Feedback Loops Activated by Stimulating the Muscle Spindle

## 针刺肌梭时激发的正反馈回路



## 2. Reflex zone: The essence of meridians

### 反射区：经络的实质

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The meridians have no specific morphological structure besides the tissues known by anatomy, are a functional phenomena based mainly on the reflex arc and feedback loops. So-called acupoints are those specific sites where the messages from internal or external parts of the body (output or input) may be transmitted and amplified more effectively than in other sites.

经络的实质，现已基本上公认是身体上下、左右、内外各部分之间的联系通道。经络现象离不开现代医学所了解的人体各种组织结构的参与。所谓穴位，既是体内信息在体表的输出部位或反射点，又是针灸治疗信号的输入部位。

**Skin Lesson on LR**  
**左肝经扁平苔癣**



# Confusion about the meridians

## 经络实质的迷惑

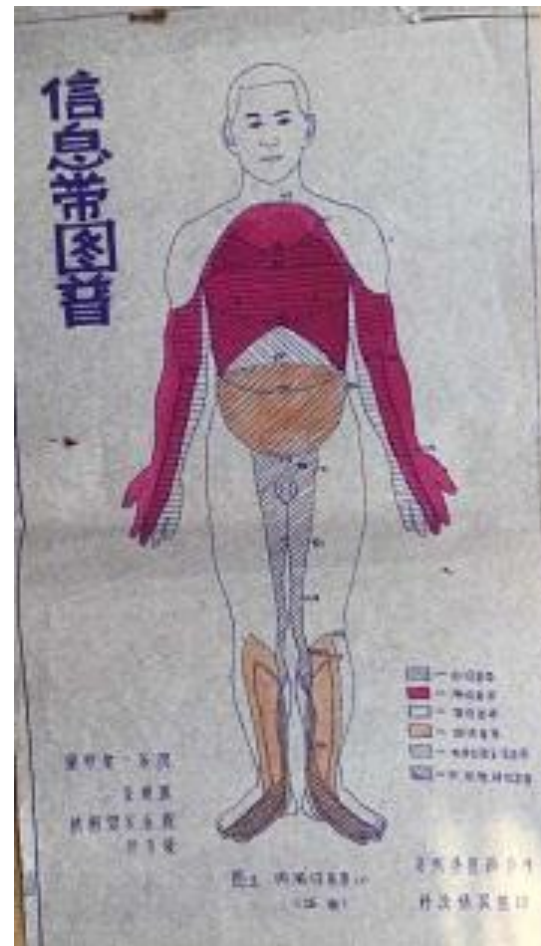
- What is the scientific explanation for the meridian phenomenon? Is it a necessity to continuously look for the the morphological evidences for the meridians?  
**什么是经络现象的科学解释？还有必要继续从形态学上证明经络的存在吗？**
- Any errors in the classical recognition for the meridian courses? **经络循行的古典认识没有一点错误吗？**
- A meridian is a line or a band? An acupoint is a spot or a small area? **经络是线还是带？穴位是点还是面？**
- Why don' t all the acupoints at a meridian have the same functions and why many acupoints located in the different meridians can be used to treat the same disease? **如何解释同经异治与异经同治？**
- Why many new acupoints discovered do not lodge at any known meridians?**为什么有许多经外奇穴或近代新穴？**

# (1) The whole body reflex zones

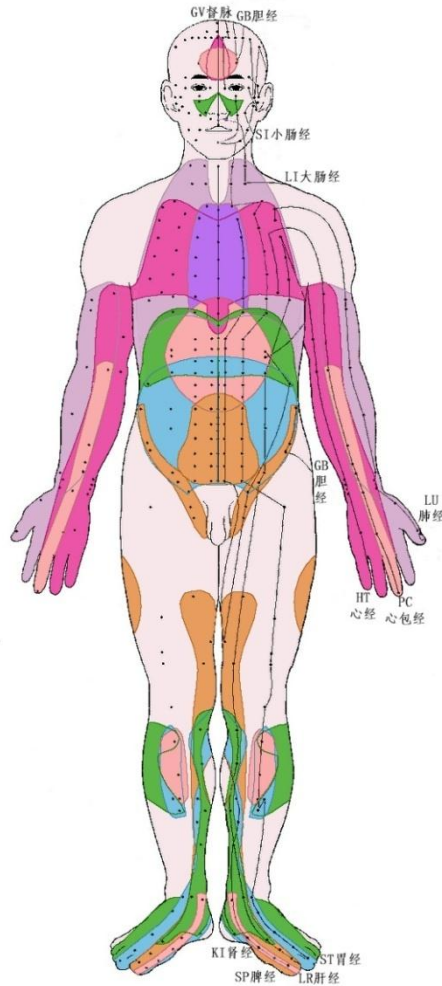
## 身体反射区的概念

The areas of the body surface where the acupoints with same therapeutic functions lodge or the referred pain or other reflex phenomena can show up, are defined as “the reflex zones”, which was called “Information Zones” in 1976.

**具有相同治疗功能的穴位所聚集或牵涉痛等其他反射现象经常出现的体表区域，就是“反射区”或“反射带”。1976年我们首次提出时称其为“信息带”。**



# Whole Body Reflex Zones



**LUNG ZONE**



**INTESTINAL ZONE**



**HEART ZONE**



**UROGENITAL ZONE**



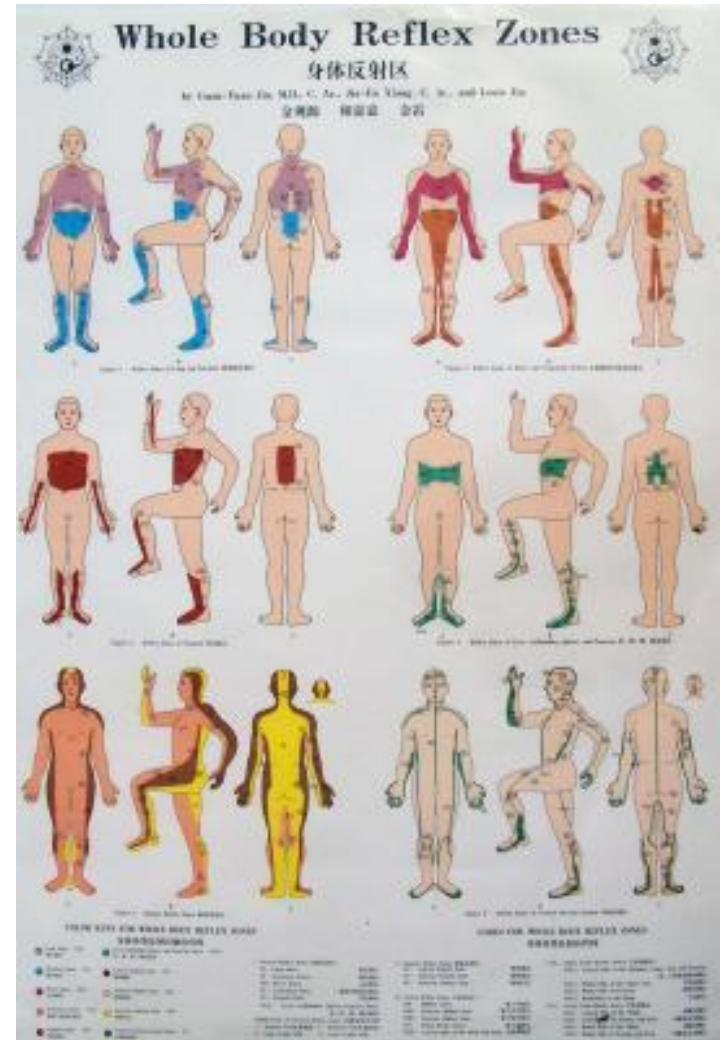
**STOMACH ZONE**



**ESOPHAGUS ZONE**



**LIVER,  
GALLBLADDER,  
SPLEEN &  
PANCREAS ZONE**



# The East meets the West on the Body Surface

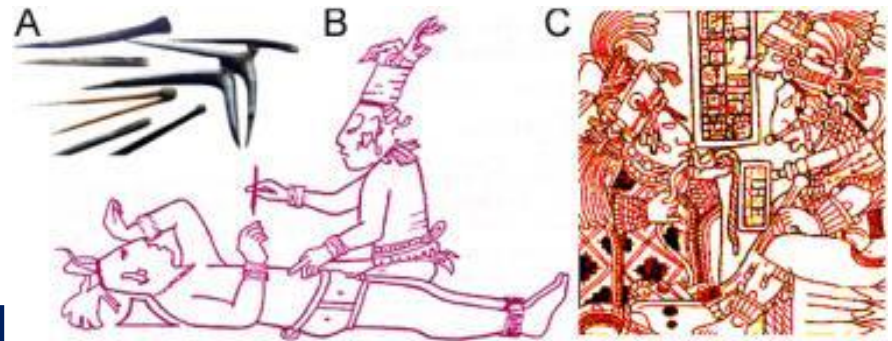
## 体表医学：东西方殊途同归

- bloodletting therapy showed on ancient Egyptian tomb murals 1427 BC
- 公元前1427年古埃及墓中壁画放血疗法



➤ Maya doctors often used the plant thorns or fish bones as needles (A) to administer needle-like treatment (B) & bloodletting (c).

➤ 玛雅医生常使用植物荆棘或鱼脊柱骨作为针具(A)实施针刺样治疗(B)和放血疗法(C)



# The East meets the West on the Body Surface

## 体表医学：东西方殊途同归

- In 1991 and in the mountain of Alps, there are 15 groups of tattoos lines were discovered at the back and calf of a Iceman mummy, who died 5200 years ago. Most of these tattoos lines are at or near acupoints



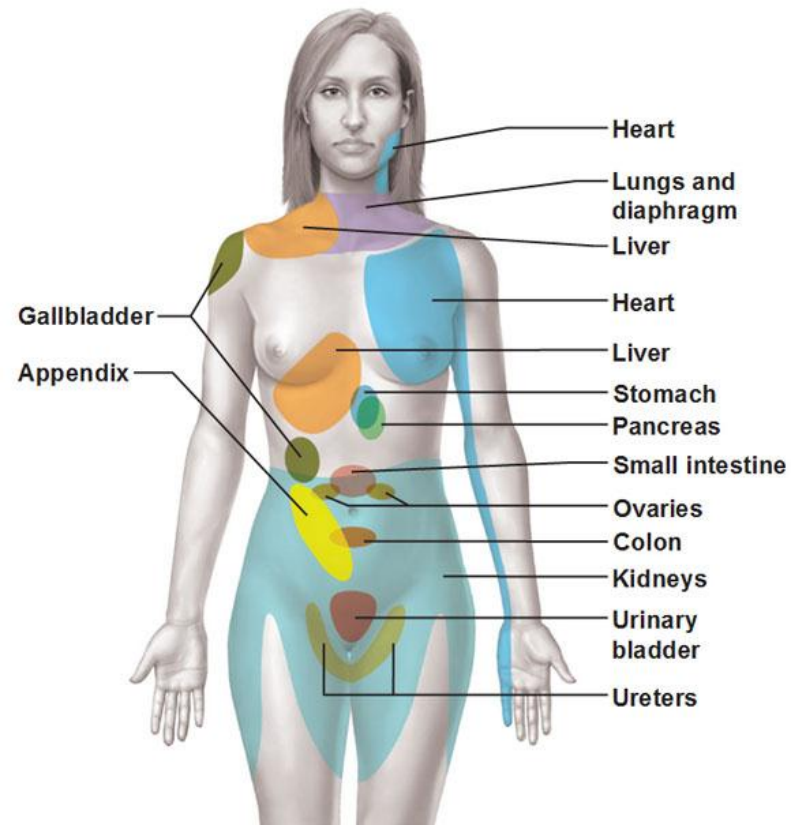
- 1991年在阿尔卑斯山发现的一具距今5200年以前的冰人木乃伊:背部和小腿有15组纹身线。这些纹身线多数位于穴位上或穴位附近。

# Referred pain & Head's Zones

## 牵涉痛区

100 years ago, a Western medical doctor Head observed that when some viscera become disordered, there would be spontaneous pain or raised skin sensitivity at specific areas on the body surface, which is called referred pain; the area where the referred pain often occurs is named after that doctor and is called **Head's zones**.

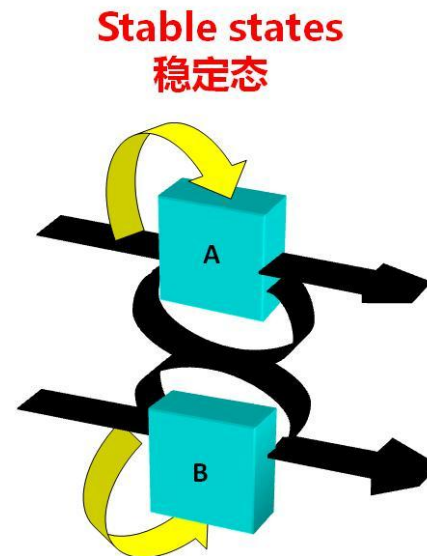
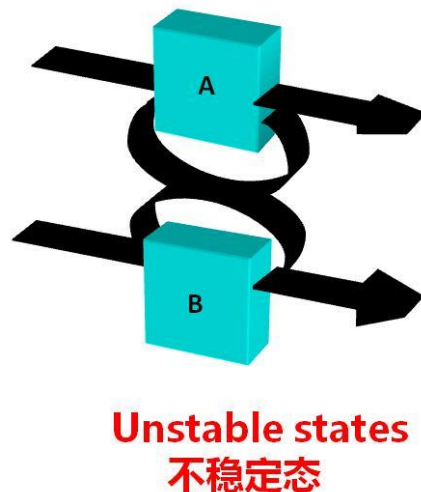
A Map of Referred Pain



## (2) The formation of reflex zones

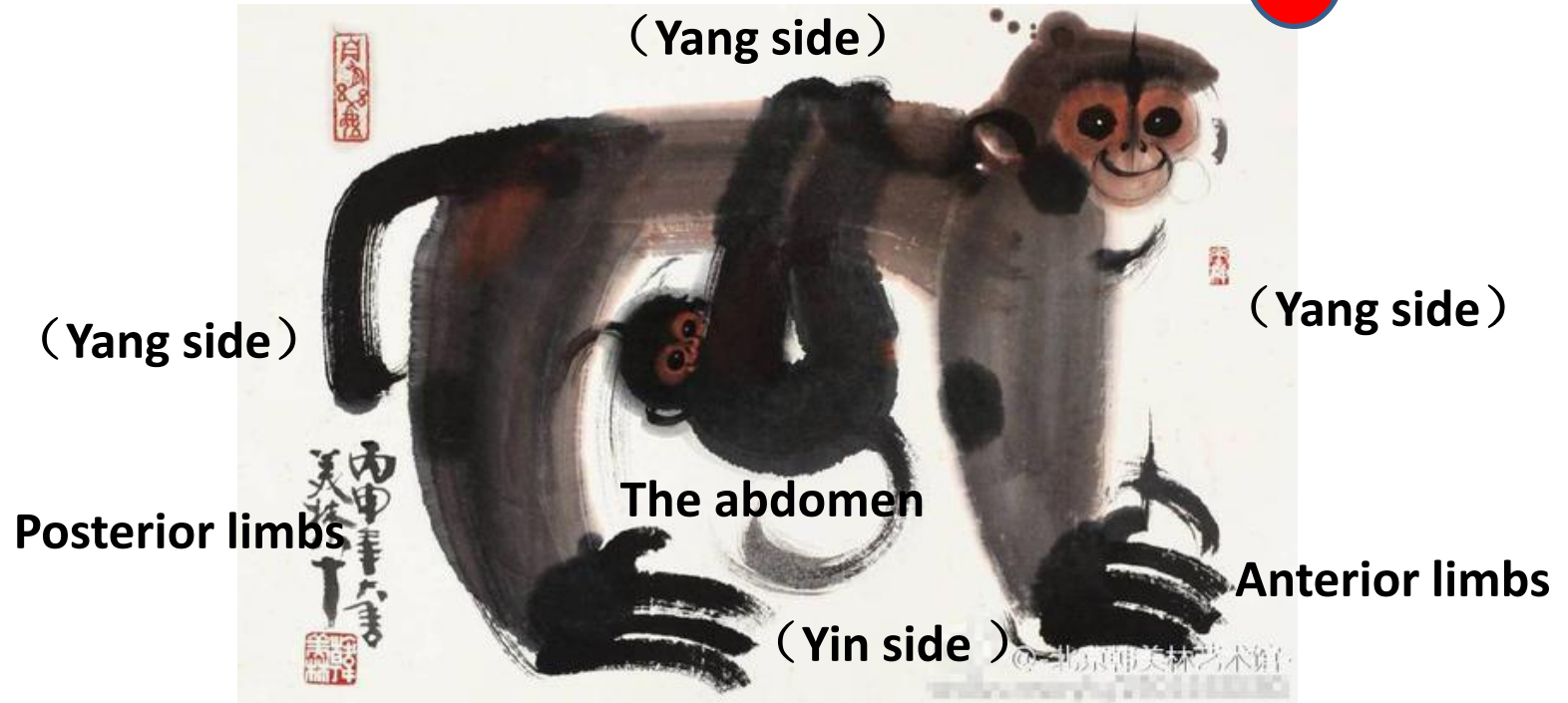
### 反射区的形成

The meridians or reflex zones are formed gradually during human evolution of long time. Through threshold changes of neural networks, some areas of the body surface have regularly higher sensitivity while others have lower sensitivity. That is the origins of the reflex zones or the meridians that have the shortest connections with other parts of the body .



# Yin & yang sides of the animal body

## 动物身体的立体模型与阴阳面

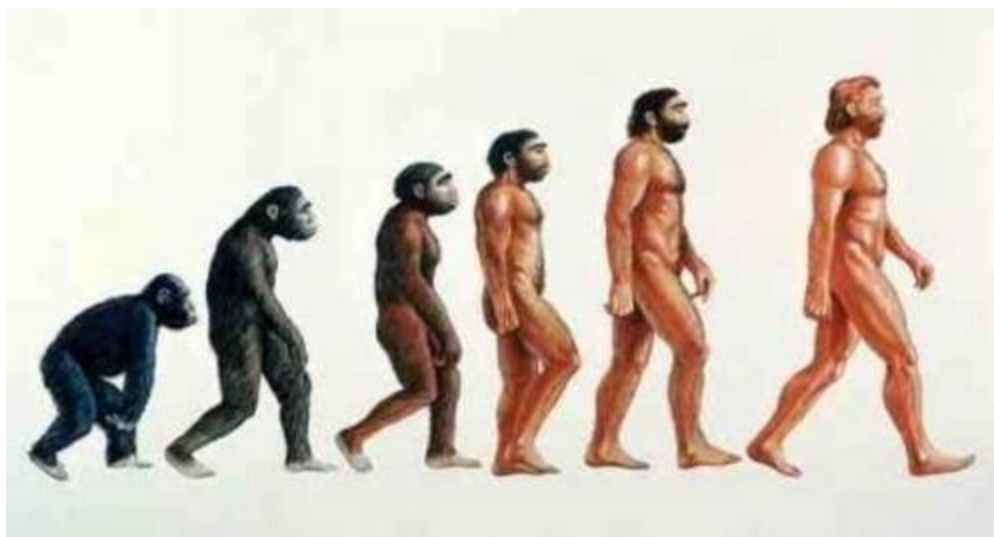


- ❖ Animals or primates prior to humans were mostly crawling using their extremities instead of standing on the feet. At that time, in their general position, the back was towards the sun while the abdomen faced the ground.

# Yin & yang sides of the Human body

## 人体的阴阳面

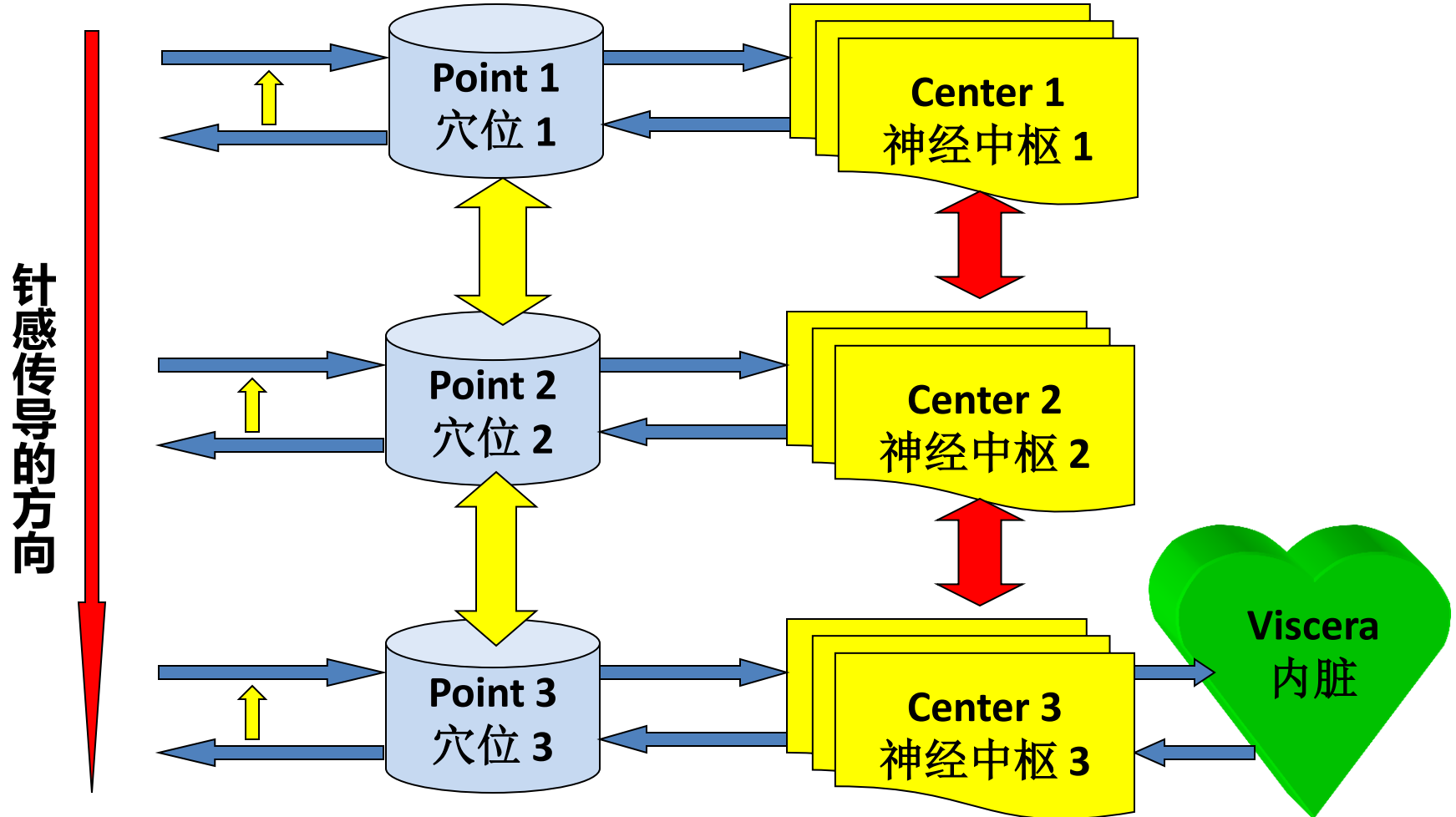
- For human body, these patterns of yin-yang sides are unchanged, i.e. the skin of yang side is usually thicker than that of the yin side, and is more insensitive or hairy. However, the fore and hind limbs of animals became the upper and lower limbs of humans, respectively, and the anterior side of the lower limb of animals that pertained to the yin side became the yang side.



# (3) A Simplified Model of the Meridians

## 经络的简化模型

The direction of needling sensations



## **(4) Classification of whole-body reflex zones** **身体反射区的分类**

- ❖ **Based on modern studies in embryogeny, at the early stage of embryo in higher mammals and humans, every somite is composed of three parts:**
  - ❖ **the somatic portion, developed to the extremities and trunk (the skin, muscle and tendon),**
  - ❖ **the visceral portion, developed to viscera (hollow and solid organs)**
  - ❖ **the nervous segment, developed to the nervous system**
- ❖ **Accordingly, there are three major types of reflex zones.**



# Three types of whole-body reflex zones

## 三大类身体反射区

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<b>Visceral zones</b> 内脏反射区	}	<b>The lung zones</b>	肺反射区
		<b>The intestine zones</b>	肠反射区
		<b>The heart zones</b>	心反射区
		<b>The urogenital zones</b>	泌尿生殖系反射区
		<b>The stomach zones</b>	胃反射区
		<b>The liver, gallbladder, spleen, and pancreas zones</b>	肝、胆、脾、胰反射区
<b>Somatic zones</b> 躯体反射区	}	<b>The ventral zones</b>	前区
		<b>The lateral zones</b>	侧区
		<b>The dorsal zones</b>	后区
<b>Central zones</b> 中枢反射区	}	<b>The midline zones</b>	躯干中线区
		<b>The border zones</b>	边缘区

## (5) Distribution of whole-body reflex zones

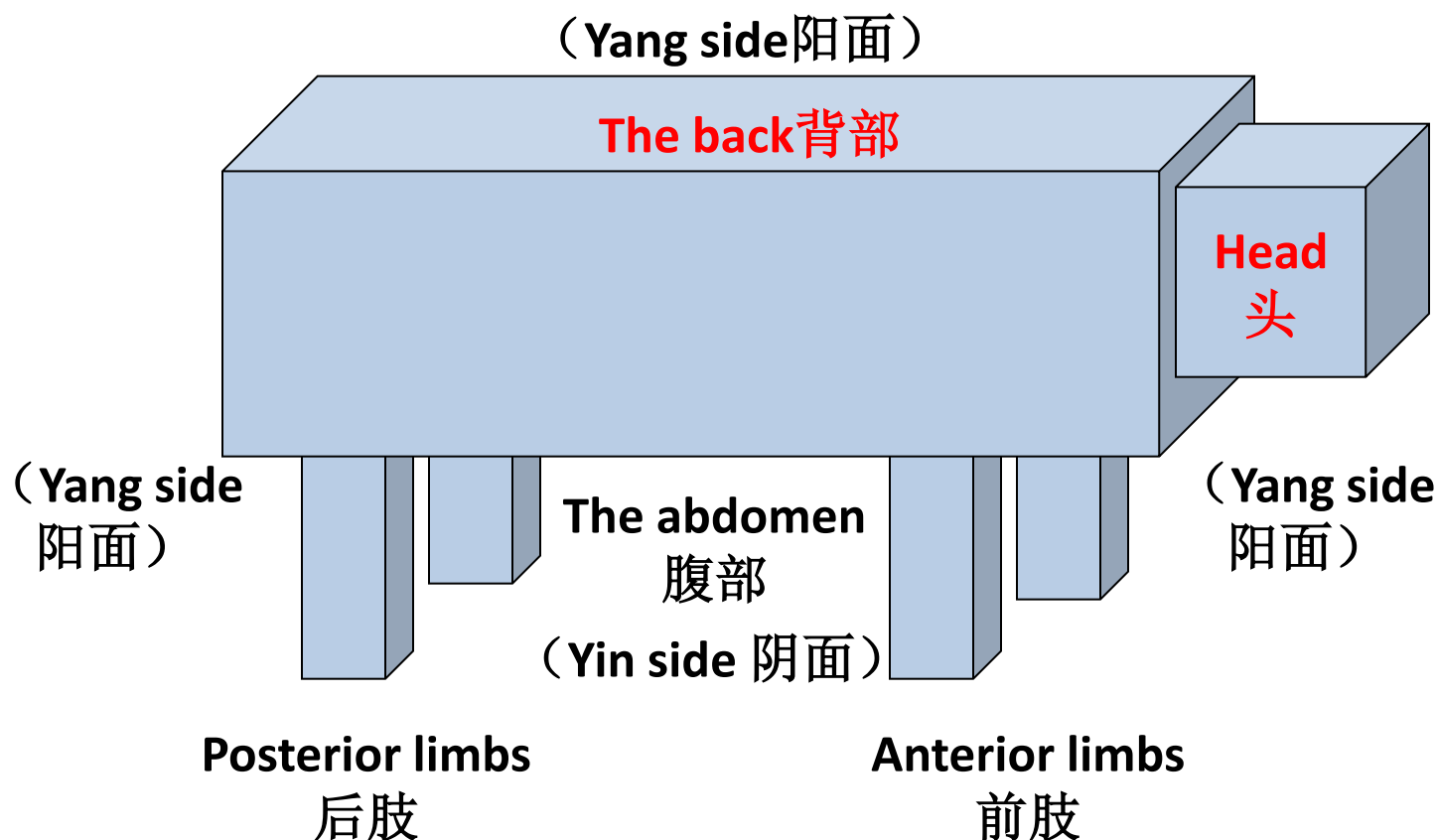
### 身体反射区的分布规律

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- The yang side of the body is the primary somatic reflex zone, though which can be distributed at every side of the body. **As for the distribution of visceral reflex zones that may have a shortcut with the viscera, they may reside mainly at the yin side of the body except for certain adjacent areas of the back.**
- **Central reflex zones for nervous centers are mainly distributed on the head, the midlines of the trunk (especially the back), as well as the boundaries of ventral and dorsal sides (the yin-yang sides) of the trunk and the extremities.**

# Yin & yang sides of the animal body

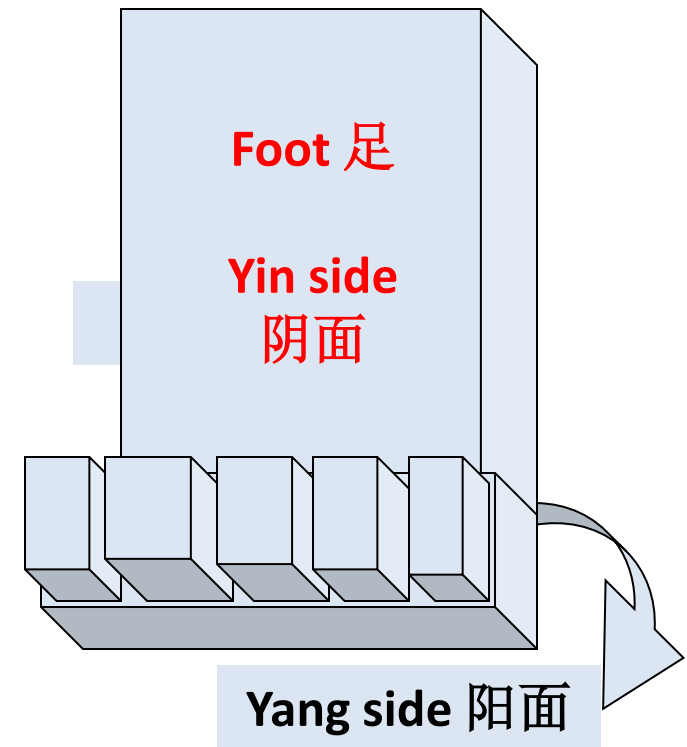
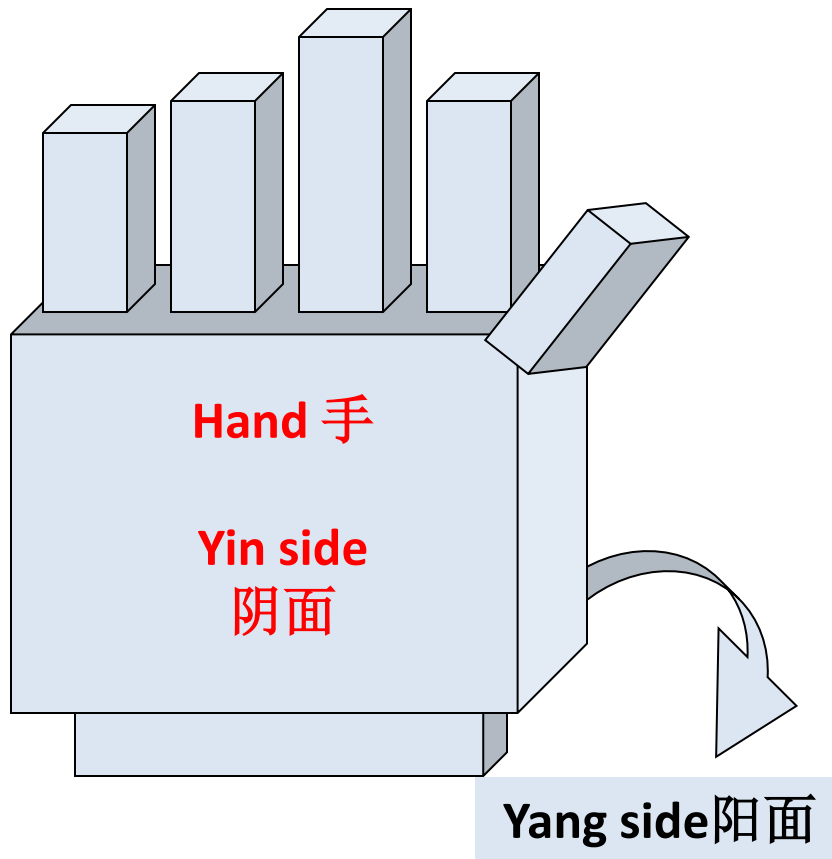
## 动物身体的立体模型与阴阳面



# The borders between yin and yang sides of hand and foot

## 手足的立体模型与阴阳面交界处

---



## **(6) Visceral Reflex Zones**

### **内脏反射区**

**(1) They are principally on their adjacent locations and on the *yin* side of four limbs, especially at the terminals below the elbows and the knees.**

**在内脏相近的胸背、腹腰部及四肢的阴面（尤其是肘膝以下）；**

**(2) They possess segmental characteristics and less continuity and are further divided into the six subtypes.**

**有节段性、间断性分布的特点, 可以进一步分成六个区;**

**(3) Their distributions on the upper or lower limbs are related to the positions of the viscera above or below the diaphragm.**

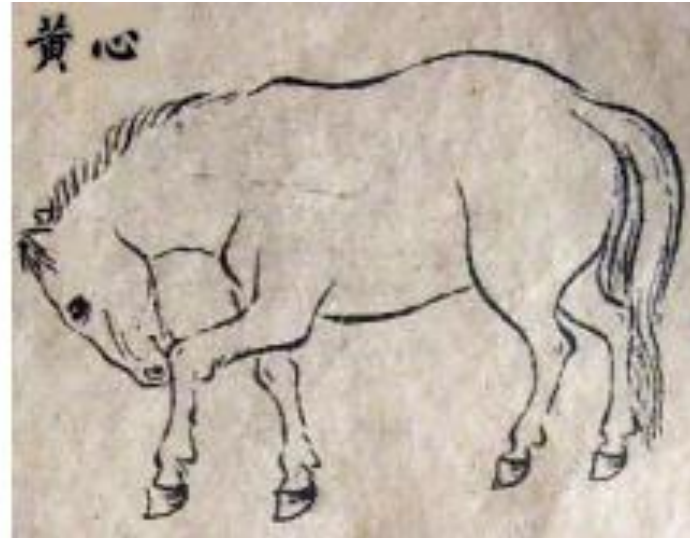
**上肢仅分布横膈以上的各内脏（主要为心、肺及胃的一部分）反射区；下肢分布横膈以下的各内脏（胃的大部分，肠、肝、胆、脾、胰，泌尿生殖系器官等）反射区。**

# Implies by Animal Instincts

## 本动物本能的启示

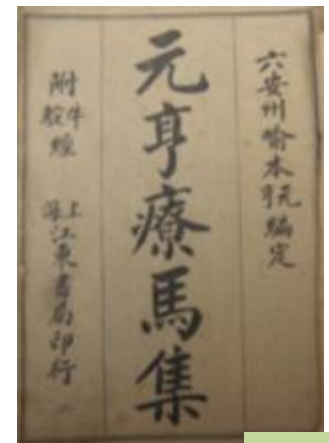


肚腹三里留



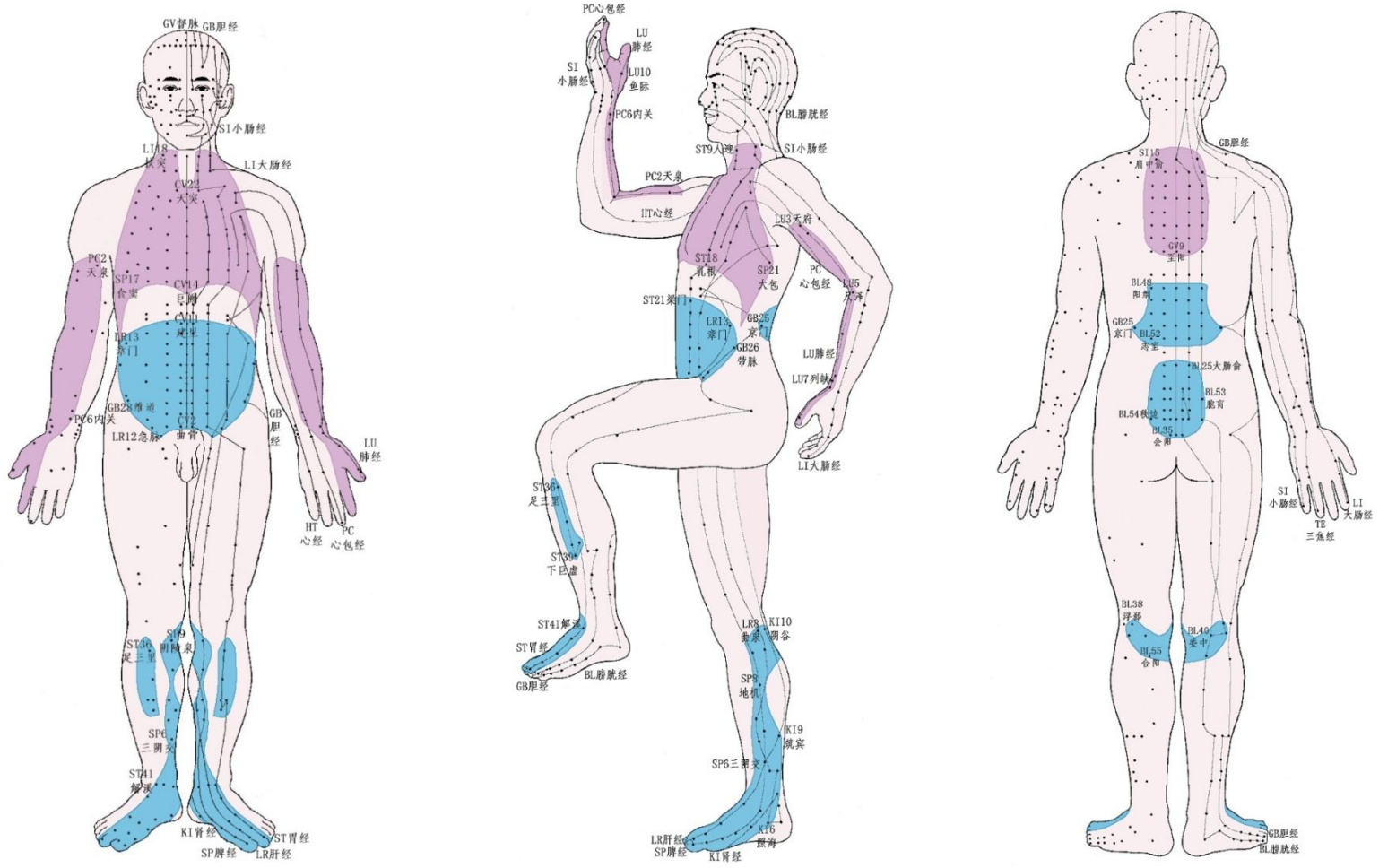
心胸内关谋

➤ The horse with heart disorder (心黄病) likes to bite its forelimbs, while the horse with intestine disorders (肠黄病) likes to bite its hindlimbs.



# Reflex Zones of Lung and Intestine

## 肺与肠反射区



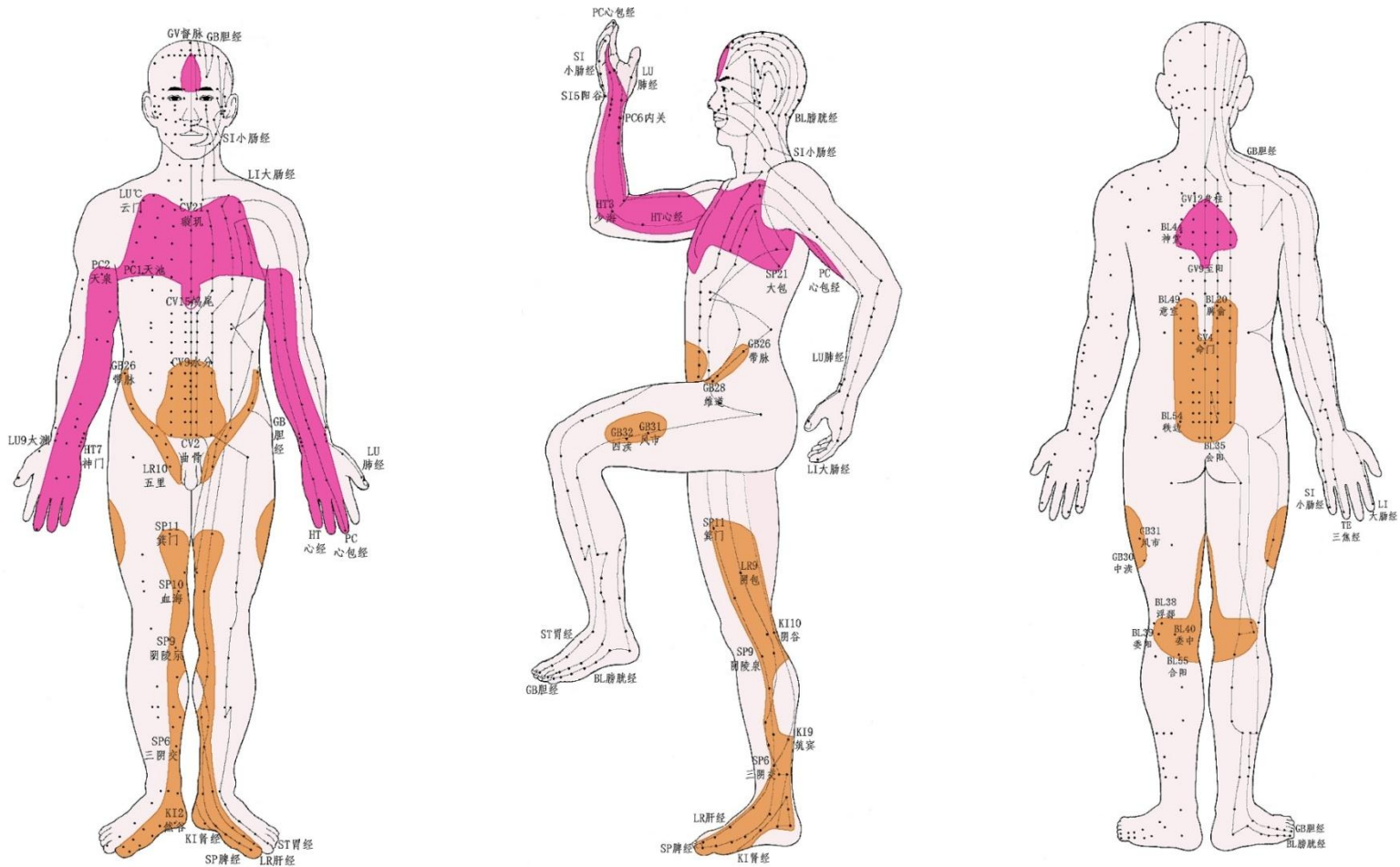
肺反射区



大小肠反射区

# Reflex Zones of Heart & Urogenital System

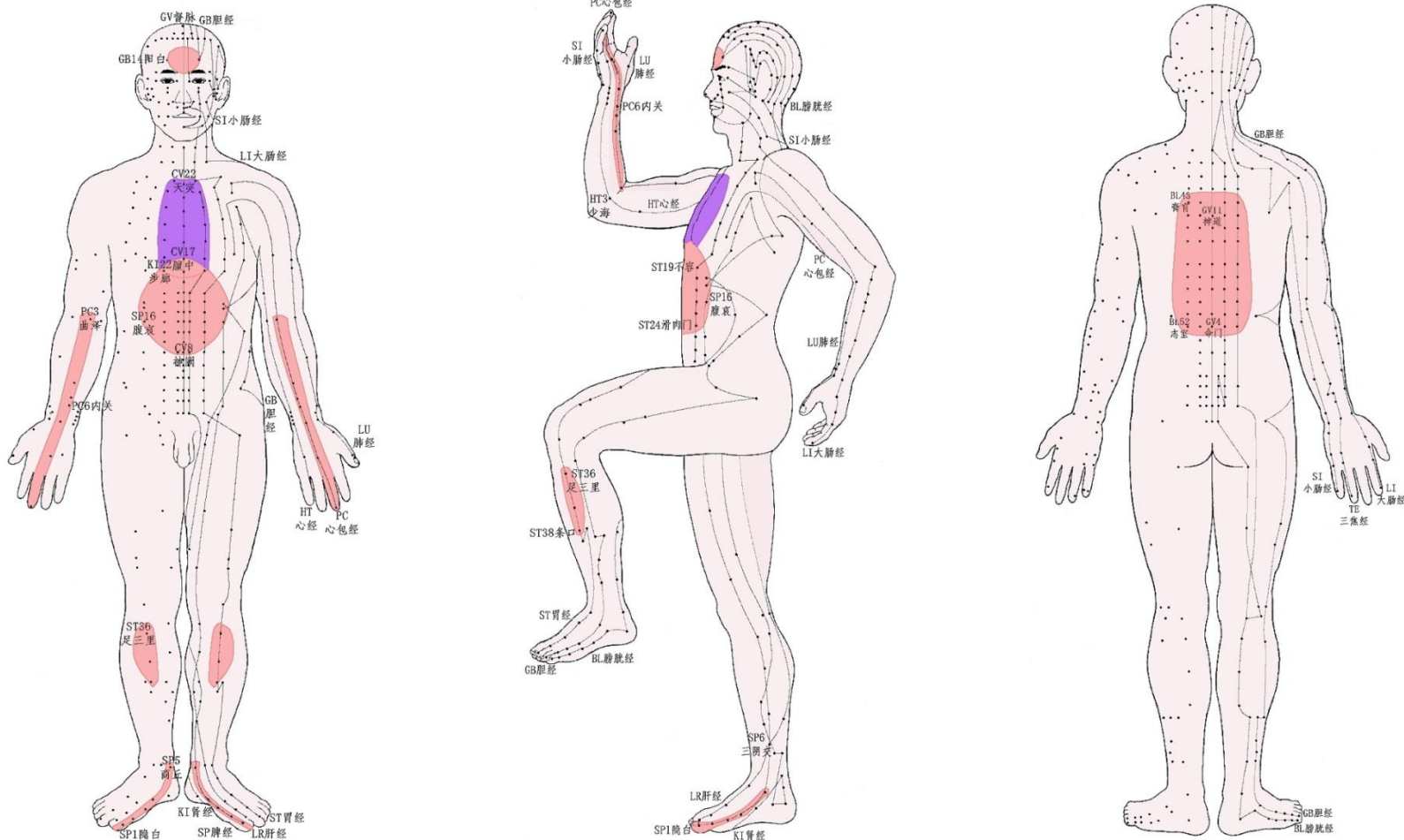
## 心脏和生殖泌尿系反射区



● 心脏反射区 ● 泌尿生殖系反射区

# Reflex Zones of Stomach & Esophagus

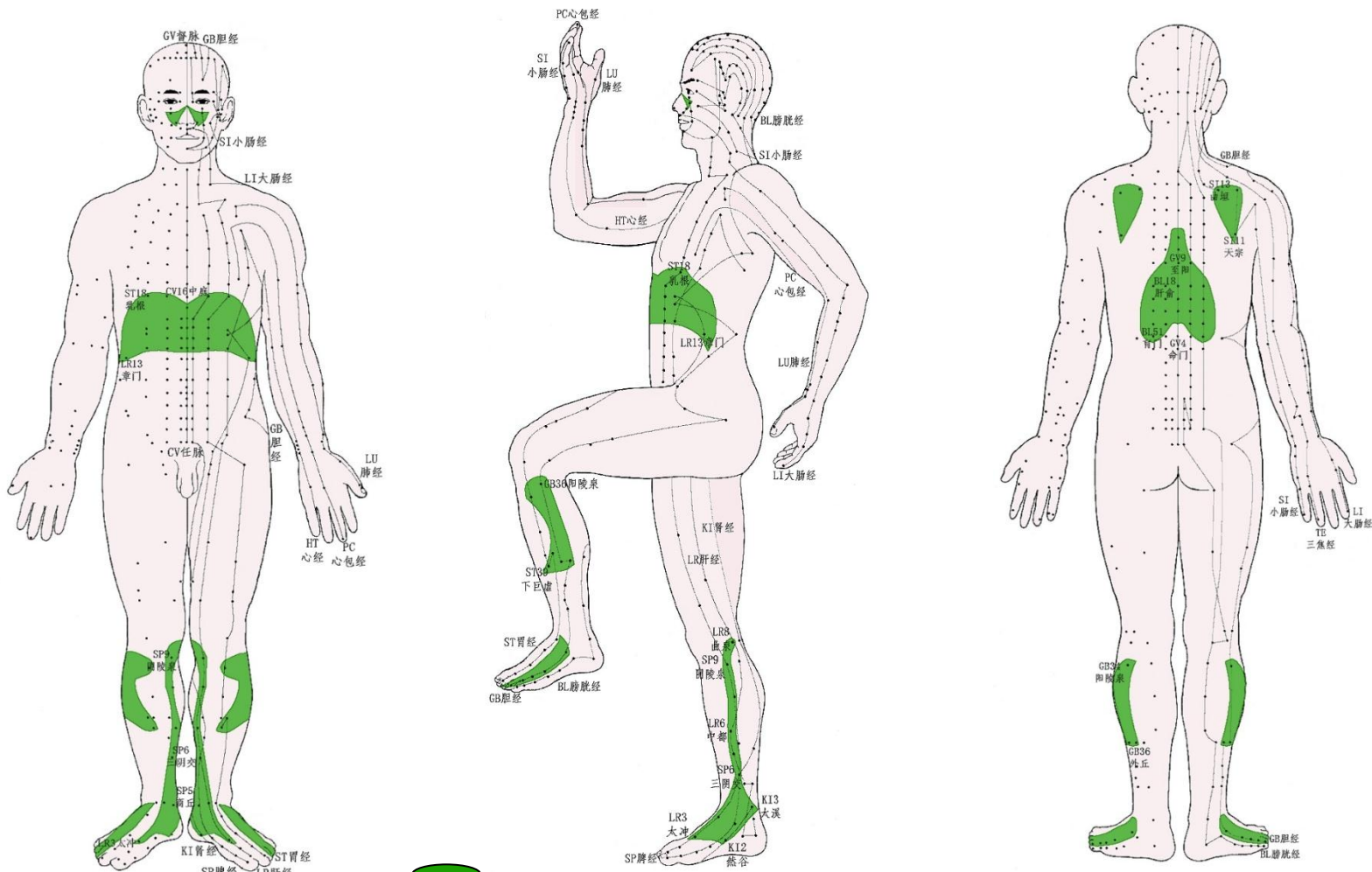
## 胃与食道反射区



● 胃反射区      ● 食道反射区

# Reflex Zones of Liver, Gallbladder, Spleen and Pancreas

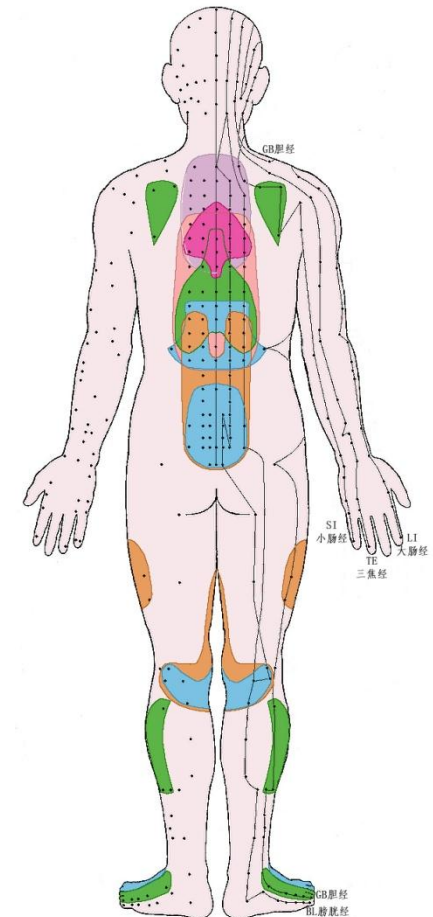
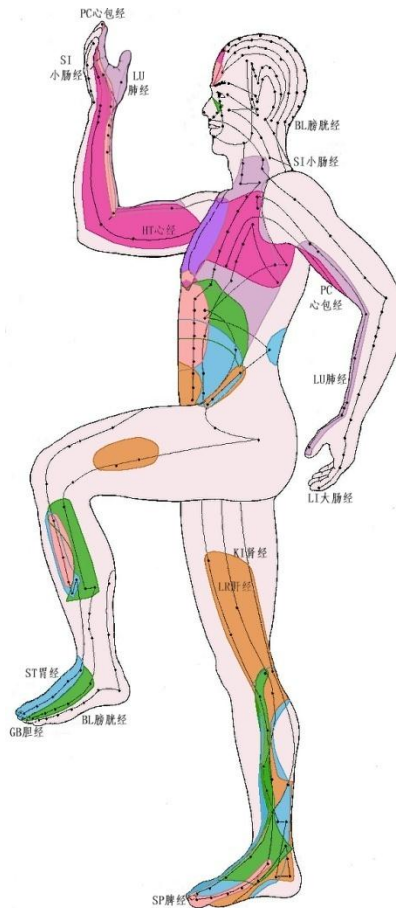
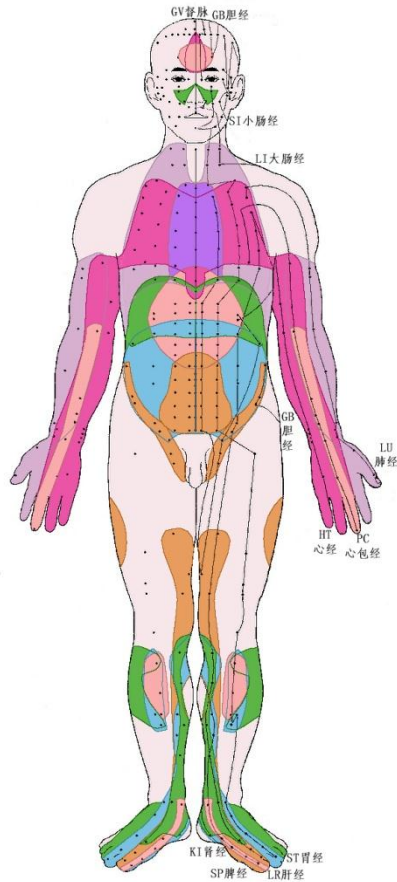
## 肝、胆、脾、胰反射区



肝胆脾胰反射区

# Visceral Reflex Zones

## 内脏反射区



- Lung
- Intestine
- Heart
- Urogenital
- Stomach
- Esophagus
- Liver, Gallbladder, Spleen & Pancreas

# (7) Somatic Reflex Zones

## 躯体反射区

(1) Somatic zones are distributed on the whole body surface continuously and contain all courses of the classic meridian system.

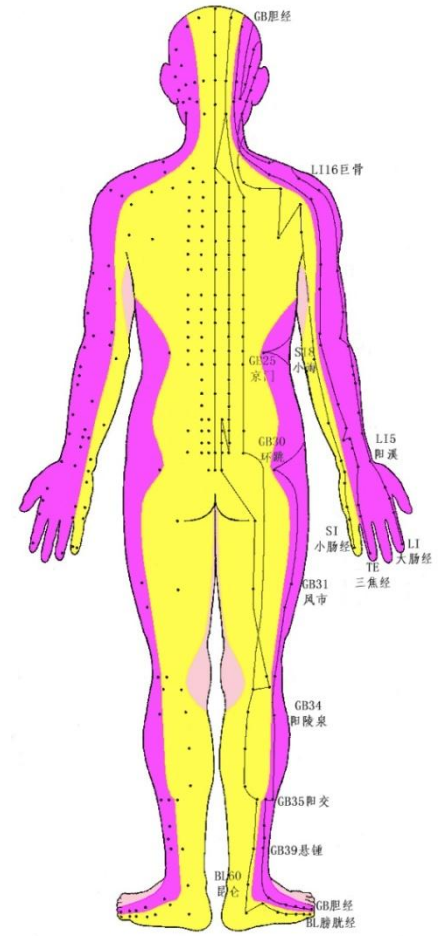
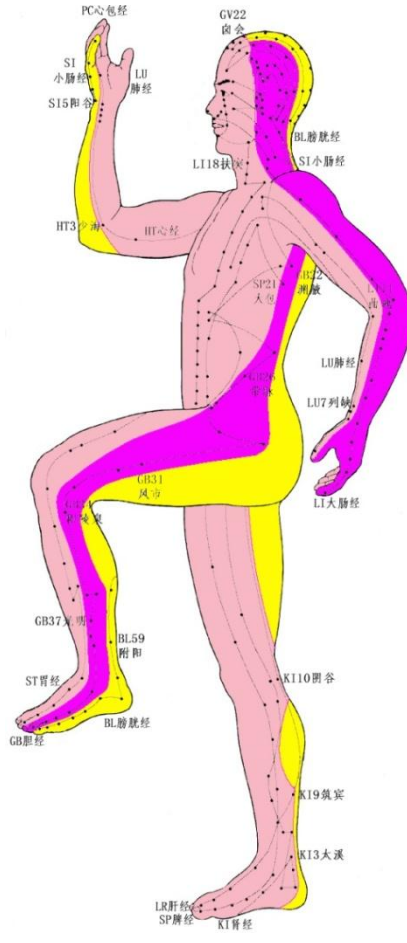
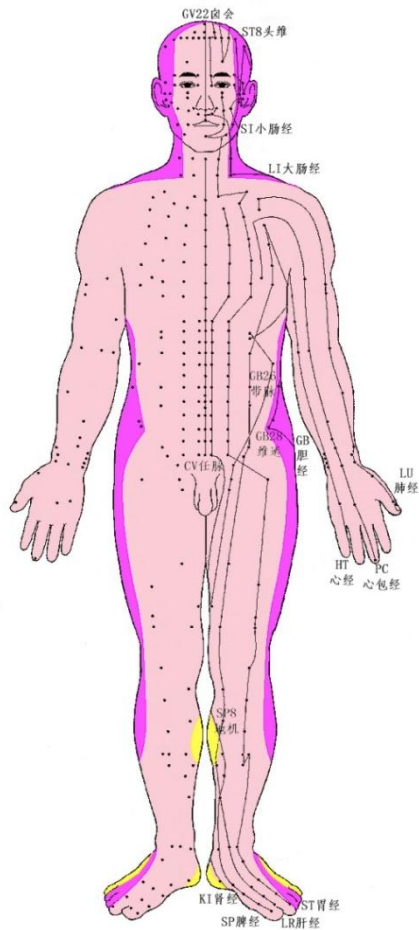
躯体反射区连续性地分布于人体周身体表，包括了全部经络体系的体表循行线路。如十二经脉，奇经八脉，十二经筋，十二皮部，十五络脉等；

(2) They can be divided into three subtypes and the posterior and lateral zones distributed mainly on the *yang* aspect are most important in defense.

它们可以进一步分成前、后、侧三区，其中以在阳面的分区（后区与侧区）在防卫上尤为重要。

# Somatic Reflex Zones

## 躯体反射区



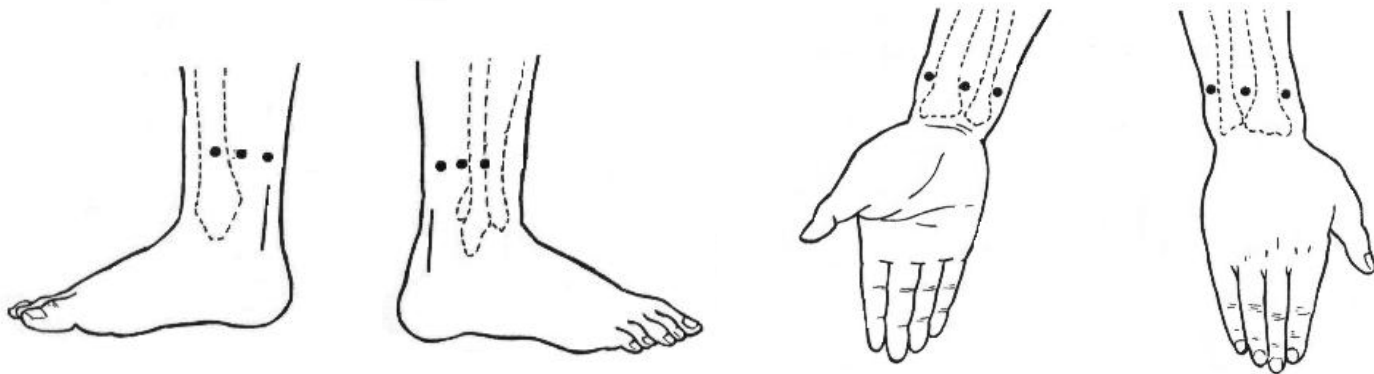
 Anterior somatic

 Lateral somatic

 Posterior somatic

# Twelve Stimulating Points for the Wrist-Ankle Acupuncture

## 腕踝针十二个刺激点的分布



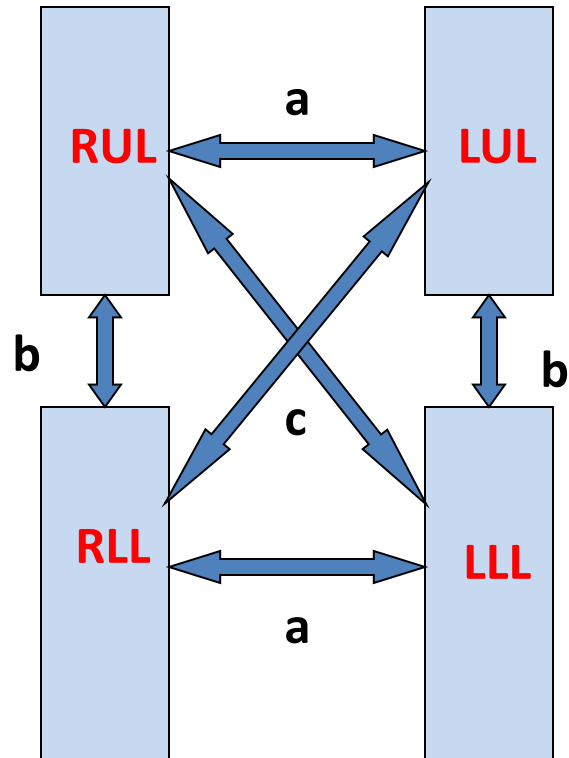
# Relationship Between Somatic Zones and Wrist-Ankle Acupuncture

## 躯体反射区与腕踝针十二个刺激点的关系

<b>Somatic Zone</b> 躯体反射区	<b>Wrist-Ankle Points</b> 腕踝部刺激点
<b>Anterior Zone</b> 前区	<b>Upper 1、2、3、</b> <b>Lower 1、2、3</b>
<b>Lateral Zone</b> 侧区	<b>Upper 4、5、</b> <b>lower 4、5</b>
<b>Posterior Zone</b> 后区	<b>Upper 6、</b> <b>Lower 6</b>

# Symmetric Somatic Zones of the Limbs

## 四肢对称的躯体反射区



RUL: Right Upper Limb

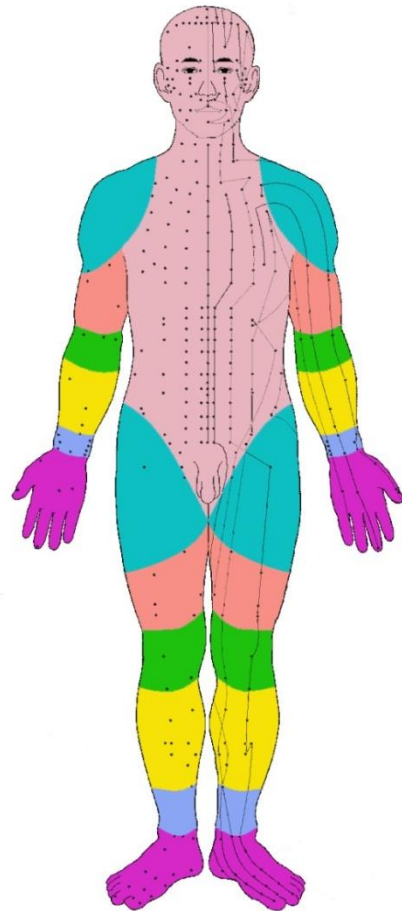
LUL: Left Upper Limb

RLL: Right Lower Limb

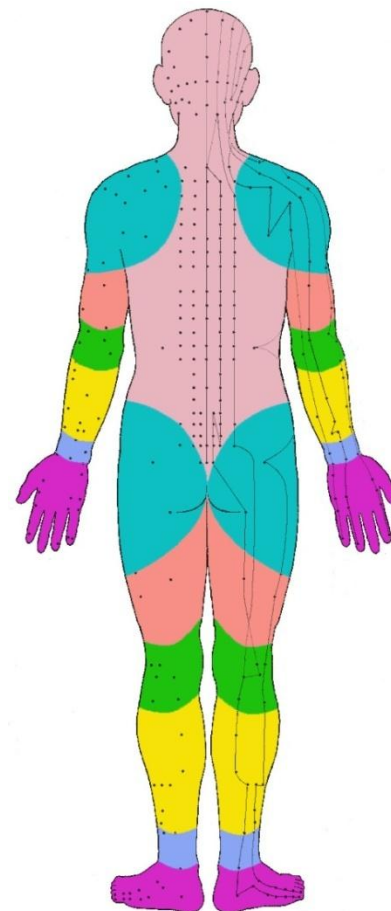
LLL: Left Lower Limb

# Symmetrical/Corresponding Somatic Zones between of the Body

## 全身各部对称或相应的躯体反射区



a. Anterior View



b. Posterior View

## **(8) Central Reflex Zones**

### **中枢反射区**

**(1) In addition to the head, central zones are distributed in the middle line of the trunk (around Du meridian and Ren meridian) that are called as “ the middle zones” ) and the border regions between the *yin* and *yang* sides of the body that are called “ the border zones” .**

**中枢反射区分布除头部以外，主要在躯干的前后正中线（督脉、任脉）附近（称“中线区”）及躯体前后面交界处（称“边缘区”）；**

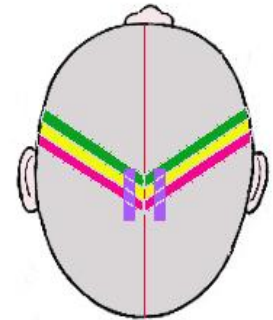
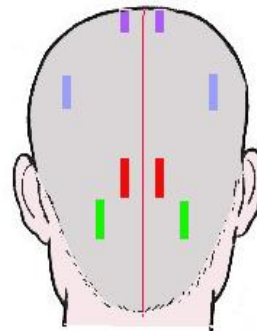
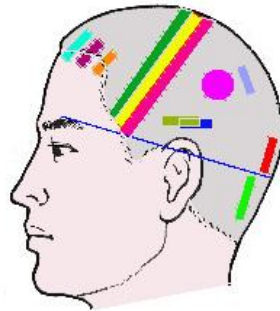
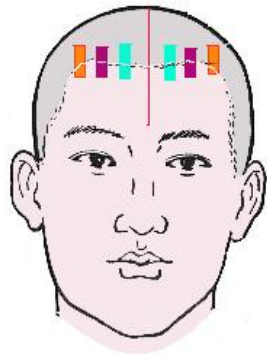
**(2) Central zones located on the head and terminals are most important.**

**以头部及四肢肘膝以下至手、足部的中枢性反射区最为重要。**

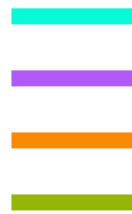


# Central Zones for Scalp Acupuncture

## 头针疗法刺激的中枢反射区



平衡区  
视区  
言语二区  
足运感区



胸区  
胃区  
生殖区  
晕听区



言语三区  
运动区  
感觉区



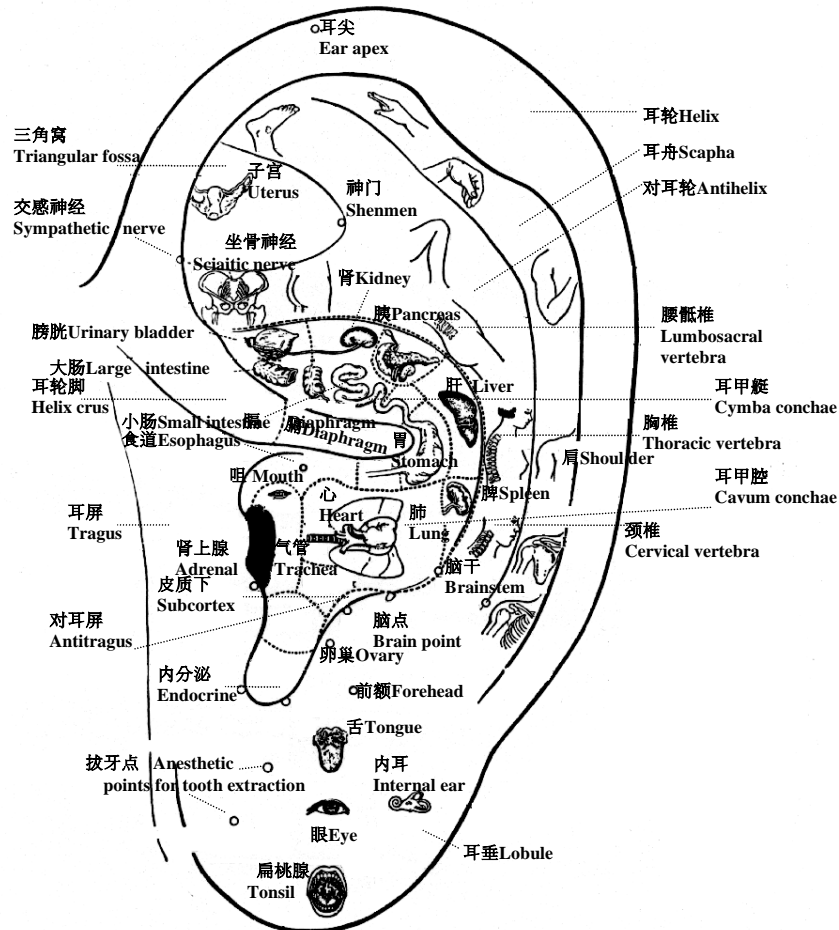
前后正中线



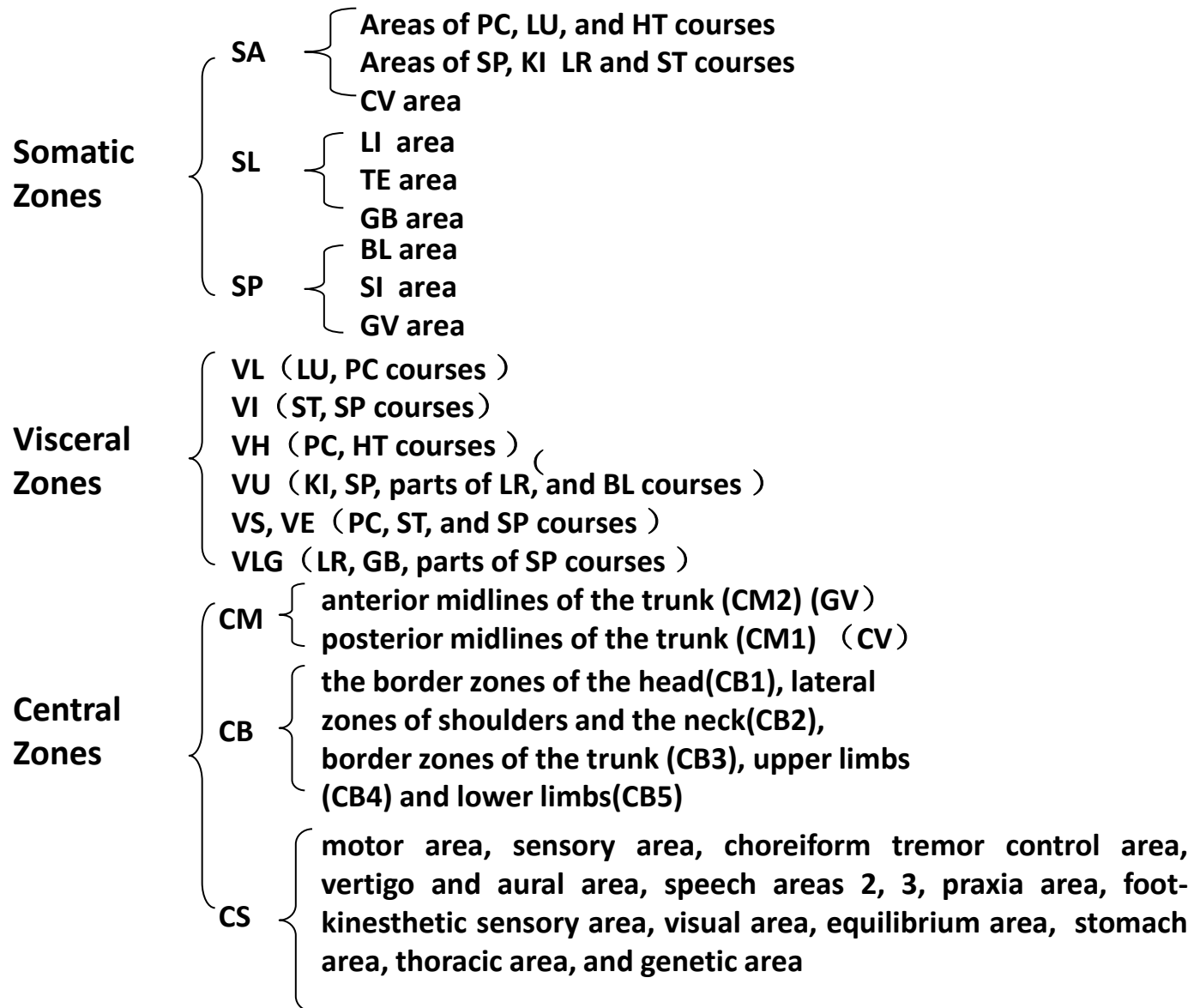
枕外粗隆线

# Distributions of Auricular Reflex Zones

## 耳廓的分部与耳反射区的分布



# (9) Relationship between Whole-Body Reflex Zones & Meridians 全身反射区与经络的关系



# The relationship between the meridians & visceral zones in limbs

## 肢体的内脏反射区与十二经脉的关系

---

- **The lung zones**  
肺区  
The lung and the pericardium meridians.  
肺经，心包经
- **The heart zones**  
心区  
The pericardium and the heart meridians.  
心包经，心经
- **The stomach zones**  
胃区  
The pericardium, the stomach, and the spleen meridians. 心包经，胃经，脾经
- **The intestine zones**  
肠区  
The stomach and the spleen meridians.  
胃经，脾经
- **The urogenital zones**  
泌尿生殖区  
The kidney, the spleen, parts of the liver, and the bladder meridians  
肾经，脾经，部分肝经，膀胱经
- **The liver, gallbladder, pancreas zones**  
肝，胆，脾，胰腺区  
The liver, the gallbladder, and parts spleen, and of the spleen meridians  
肝经，胆经，部分脾经

# (10) Overlapping of reflex zones

## 反射区的重叠

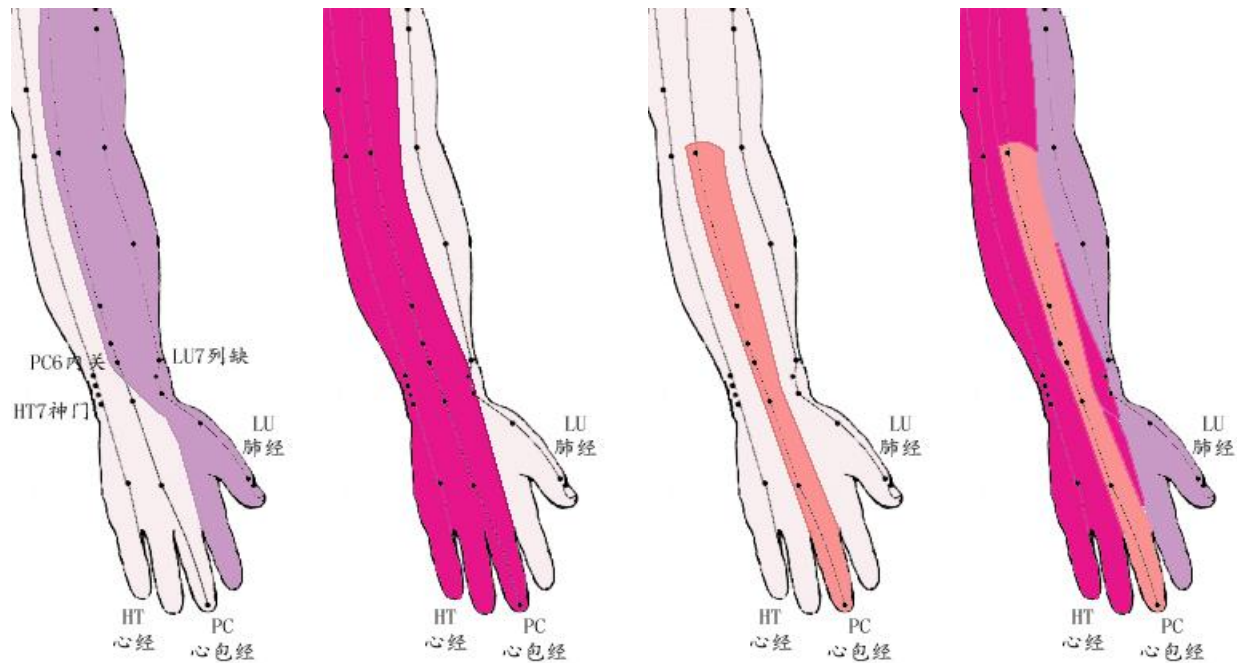
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Since all of reflex zones are on the body surface, it is inevitable that some local overlapping of certain zones may occur.

- **Overlapping of Somatic and Visceral Reflex Zones**
- **Overlapping within Visceral Reflex Zones**
- **Overlapping between Central and Somatic or Visceral Reflex Zones**
  - 躯体反射区与内脏反射区的重叠；
  - 各个内脏反射区的重叠；
  - 中枢反射区与躯体反射区或内脏反射区的重叠。

# Overlapping of Visceral Reflex Zones at Flexor Side of the Forearm

## 前臂内侧内脏反射区的重叠



Lung Zones



Heart Zones



Stomach Zones

# Whole-Body Reflex Zones : A revolution of the meridian theory

## 身体反射区：经络理论的革命

- It can explain the essence of the meridians and discards certain fictions of the meridian theory, such as that LI and SI distributed on the upper limb.
  - It develops concepts that an acupoint is not a spot but an area and that a meridian is not a line but a zone.
  - It rationally categorizes main efficacies of all acupoints. Distribution of reflex zones is regular and easily identified, as well as corresponds to the anatomical terms in contemporary medicine.
- ❖ 科学地阐释经络实质，摒弃经络学说中的糟粕，如大肠经、小肠经不应分布于上肢；
  - ❖ 发展了穴位是“区”不是“点”，经脉是“带”不是“线”的概念；
  - ❖ 合理归类及明确了全身穴位的主治功效。各反射区的分布规则、一目了然，且与西医解剖名称相应，易学易记。

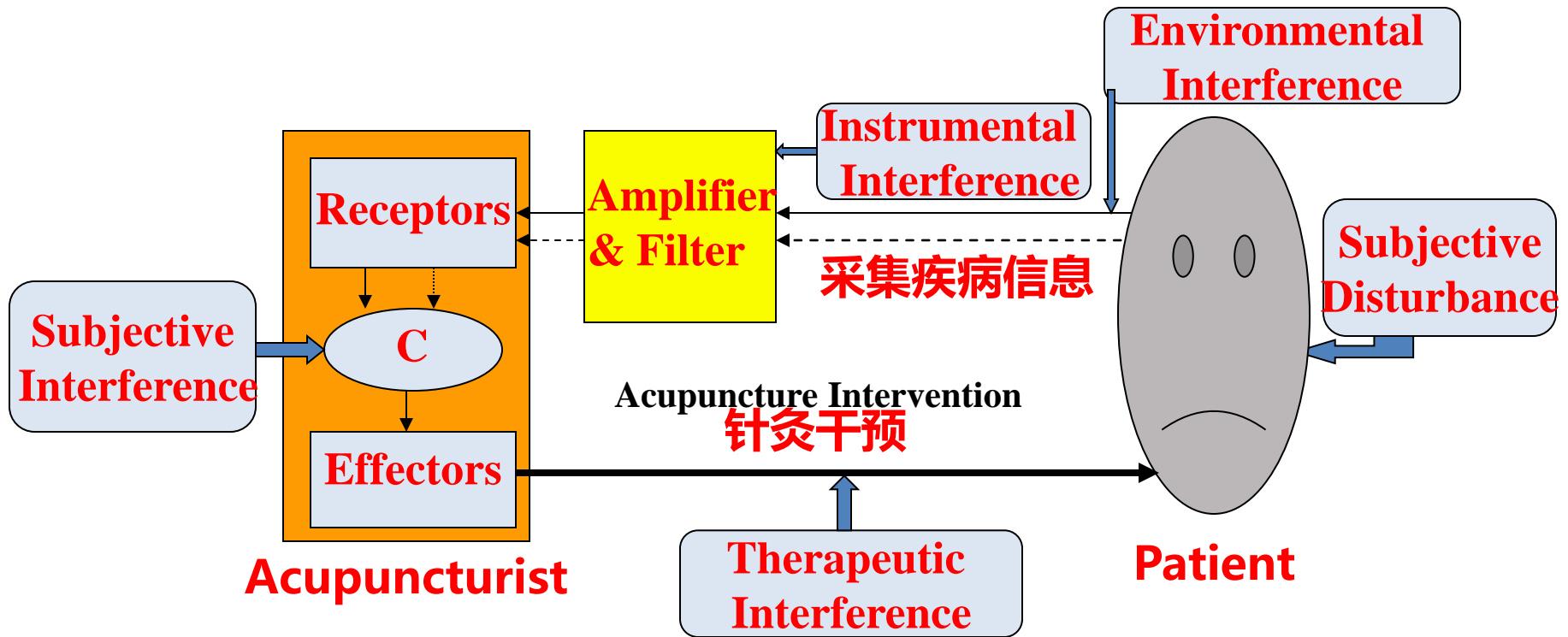
# 3. Reflex therapy: The entity of acupuncture

## 反射疗法：针灸的归宿

- The basis of acupuncture is the reflex process; acupuncture therapy is actually one kind of reflexotherapy through reflexes of the whole body.
  - The main functions of acupuncture therapy are the regulatory effects, analgesia, and rehabilitation.
- 
- 针灸的基础是反射过程；针灸疗法实际上是一类反射疗法；
  - 针灸疗法的主要功效是调整效应、镇痛与康复。

# Flow Chart of Acupuncture Therapy

## 针灸治病过程中的信息流通框图



- ← Outputting Disease Information before Acupuncture Intervention
- ⋯← Outputting Disease Information after Acupuncture Intervention
- ➡ Various Disturbances
- C Comparators

# III. Strategies to Raise Effectiveness

## 提高疗效的对策

- The Principle that Reflection is the First  
反映第一诀
- Associations of Multiple Reflex Zones  
多通道刺激法
- Multiple Needles at a Single Point  
一穴多针法
- Avoid Needling-Resistance  
避免抗针性
- Control the Propagation of  
Needling Sensations  
控制针灸感传



# 1. The Principle that Reflection is the First

## 反映第一诀

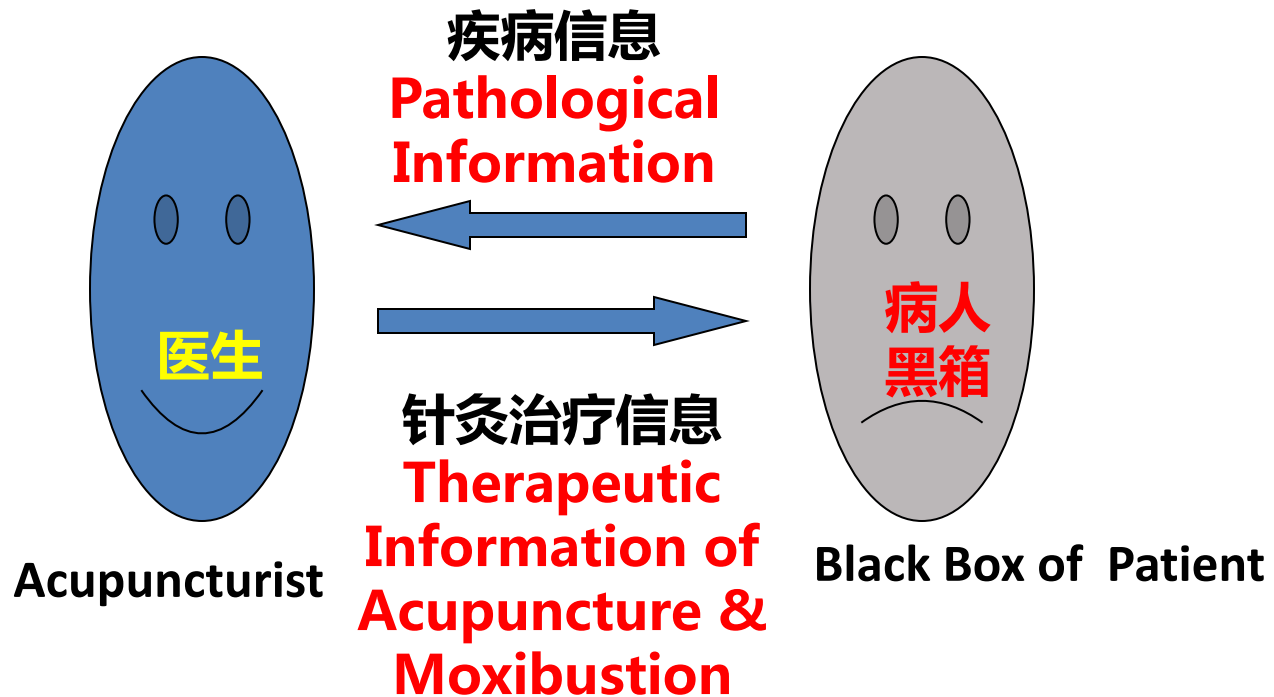
- Either acupoints or meridians can be missed while the reflection phenomenon not.

**“经、穴皆可失，反映不可无”**

- It is a supplement and development to the ancient notion **“Better to miss the acupoint than miss the meridian”**.
- 这是对古人“宁失其穴，勿失其经”经验的补充与发展。近代的大量实践证明，许多新穴或反映点可以位于经典穴位或经脉以外的位置。取穴时务必以局部出现的各种反映为标准。这是提高针灸疗效的关键，也是系统医学整体自治原则在针灸领域的体现。

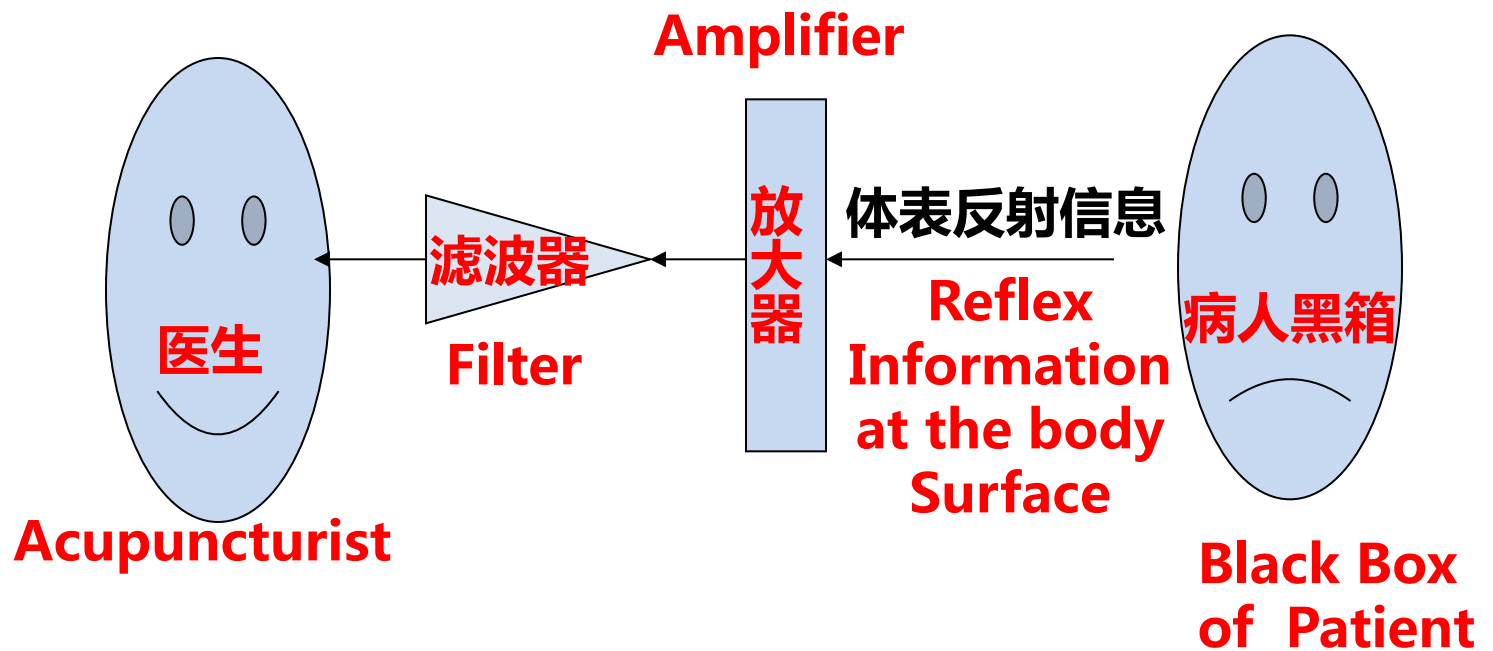
# Coupling Between Acupuncturist & Patient

## 医生与病人黑箱的耦合



# Gathering Reflex Information at the body Surface

## 体表反射信息的收集



# Differential Diagnosis of Reflex Points with 8 Principles of TCM

## 体表反映点的八纲辨证

- **Hot or Cold?** Skin temperature is raised or reduced?  
皮温是升高（热）还是降低（寒）？
- **Deficiency or Excess?** Local tissues are bulged or concaved?  
局部组织隆起（实）还是内陷（虚）？张力增加（实）还是松弛（虚）？
- **Superficial or deep?** Reflex points are somatic or visceral?  
压痛点的产生是来自躯体病变（表）还是内脏病变（里）？
- **Yin or Yang?** At Yin side or Yang side of the body?  
反映点出现在身体阳面还是阴面？阳经还是阴经？

# **Gathering Reflex Information from the body Surface**

## **体表反射信息的收集**

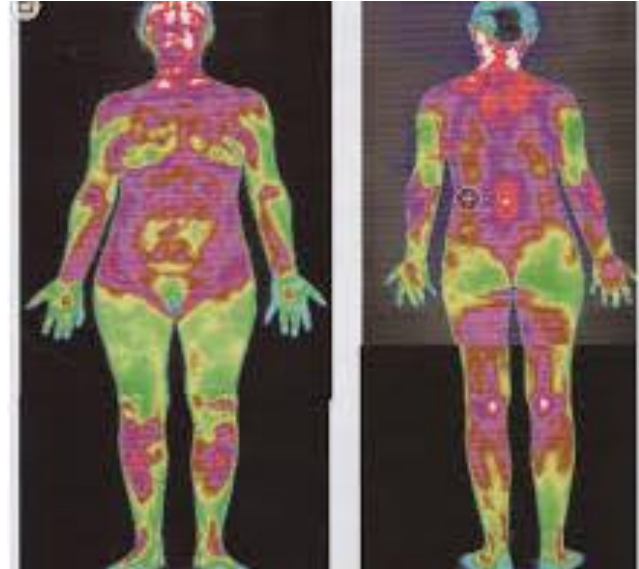
**The disease information acquired through the eight principal syndrome differentiations not only is from the internal, but also from the body surface.**

- Skin Temperature**
- Appearance & Tension of Local Soft Tissues**
- Tender Spots**
- Electrical Resistance of the Skin**

# (1) Skin Temperature

## 皮肤温度

- To determine the changing local skin temperature quickly, a simple way is to put a palm on the affected region and symmetrical region of the body to compare the difference of temperature felt.
- 简便方法是以自己手掌的皮温作为参照系，对患者不同体表部位尤其是对称部位进行比较。
- The rising or lowering of local skin temperature often indicates a regional inflammation or poor blood circulation.



Infrared Thermography  
红外热像仪

## (2) Appearance & Tension of Local Soft Tissues

### 局部软组织的外表与张力

- The changes of appearance or tension in local soft tissues not only exist in acute and chronic somatic diseases, but also in chronic visceral diseases.
- They can be observed with the naked eye or careful palpation. At those originally concaved parts of the body, regional fullness, prominence, or swelling may be exhibited at the points.
- Circular or cord-shaped nodules are frequently seen within subcutaneous tissues or muscles.



- 当用手指触摸患者身体表面时，也可以察觉局部软组织张力的异常，如皮下的硬性结节或触摸时的空虚感等。

# (3) Tender Spots

## 压痛点

- The most common reflex phenomenon.
- Critical to Distinguish pathological or physiological tender spots and to differentiate whether the pathological tender spot is resulted from a local or distant disease focus.
- **Pathological tender spots have the following five features:**
  - Raised tenderness. **轻触即得**
  - Asymmetry of tenderness. **不具有两侧的对称性**
  - Accompany with other reflections, i.e. subcutaneous hard nodules, bulged soft tissues, or raised skin temperatures. **经常与其它体表反应合并出现**
  - Shortcut to the diseased region or viscera. **按压时可诱发或缓解相关的病痛**
  - Tenderness level , hardness and size of nodules may vary with the corresponding disease process. **压痛程度可以随疾病的变化而变化**



## (4) Electrical Resistance of the Skin

### 皮肤电阻

- Most acupoints have low electrical resistance under normal physiological states. Under pathological states, it also changes correspondingly and generally becomes much less.
- It is difficult to apply this type of reflex information on the body surface to guide clinical acupuncture because its acquisition is susceptible to many internal or external factors.
- In general, there is a higher level of reproducibility in measuring the electrical resistance of the skin on micro reflex zones, such as auricular reflex zones,



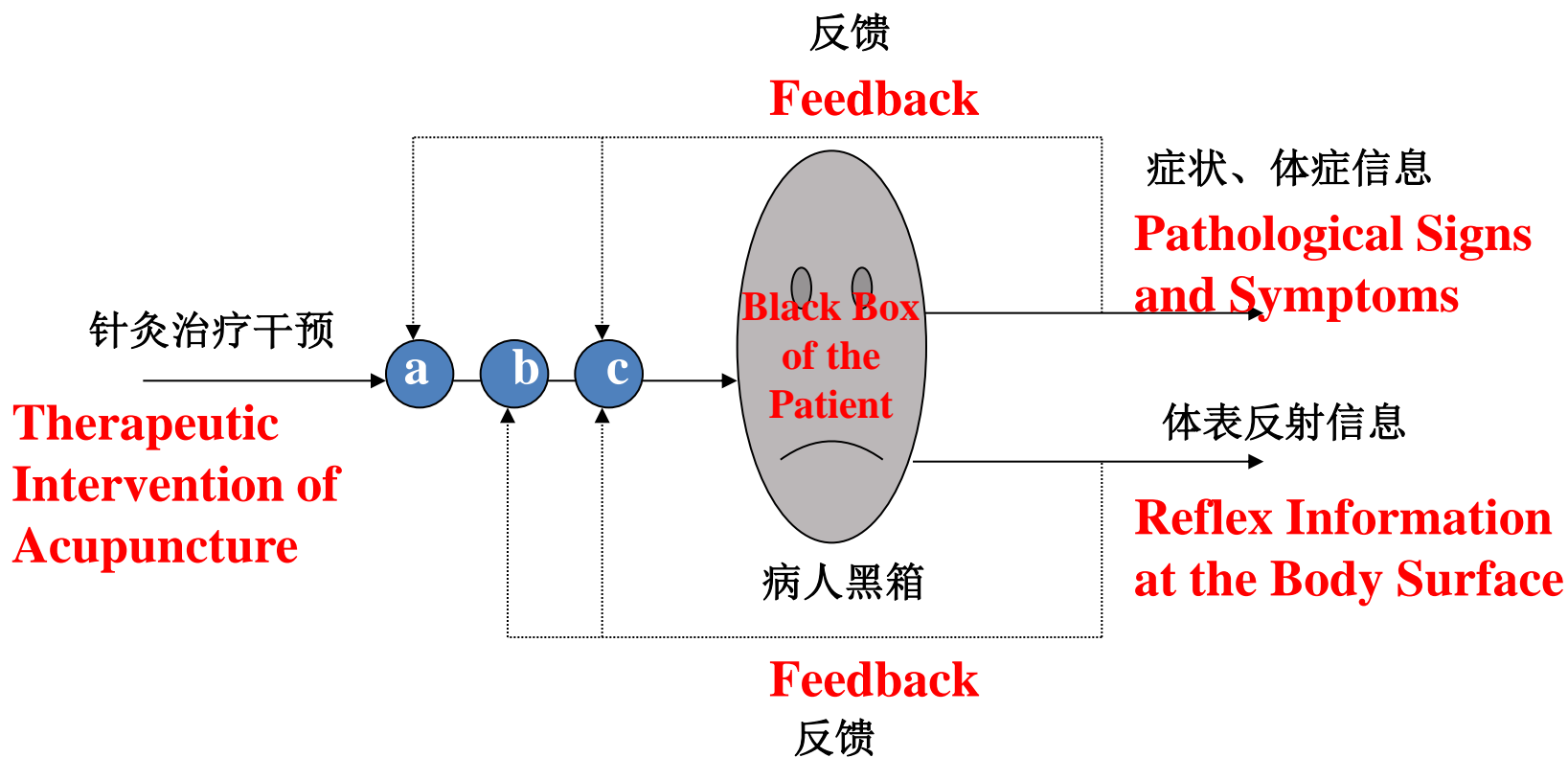
在疾病状态下时，体表反射区内穴位的皮肤电阻会发生相应变化，一般是电阻变小，同时有痛阈减低。

■ 临床上应用这一体表信息来指导针灸却并不顺利，因为它的获取容易受到病人体内许多因素的干扰，使人难以辨别真假。

■ 一般说来，在体表微小反射区测定皮肤电阻的重复性较高。

# Multi-Feedback Control System of Acupuncture Input

## 针灸输入的多重反馈调控



a,b,c : Various Comparators Located at Different Feedback Loops

a, b, c: 分别是不同反馈回路上的比较器

# 金氏“针术要诀”

- 定穴关键在触摸，估约尺寸莫拘泥；
- 压痛皮温或硬结，体表反映均阿是；
- 弹针缓寻求得气，分层调控刺激力；
- 远攻近逼善反馈，补虚泻实为要旨。

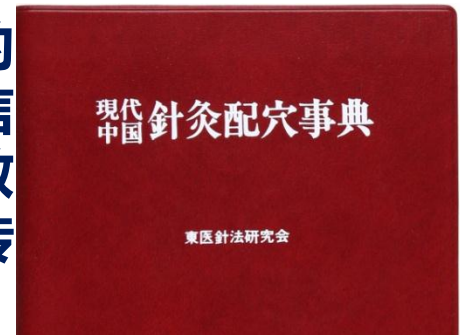


## 2. Point-Associations through Multiple Passages

### 多通道配穴法

□ From the perspective of systems theory, the essence of point-association is to choose several points with different information passages that can be activated concurrently. This may enable a sufficient amount of acupuncture information to be inputted into the body. Meanwhile, even though not every point or information passage was effective, it would still be possible to have at least one of them available for a smooth transmission of information.

- 可以用“多通道配穴法”为名来概括临床常用的各种配穴方法。其意义在于保证有足量的刺激信息输入机体。即使并非从每个部位都能输入有效的治疗信息，但可以保障其中至少有一条信息传递通道畅通无阻。



# Common Point-Associations

## 常用配穴法

- Associations of micro and whole-body reflex zones
- Associations of local and distant reflex zones
- Associations of bilateral reflex zones
- Associations of corresponding points or reflex zones
  - 微反射区与全身反射区的配合
  - 局部与远隔反射区的配合
  - 双侧反射区的配合
  - 对应反射区的配合



# Comparisons of local & distant Points

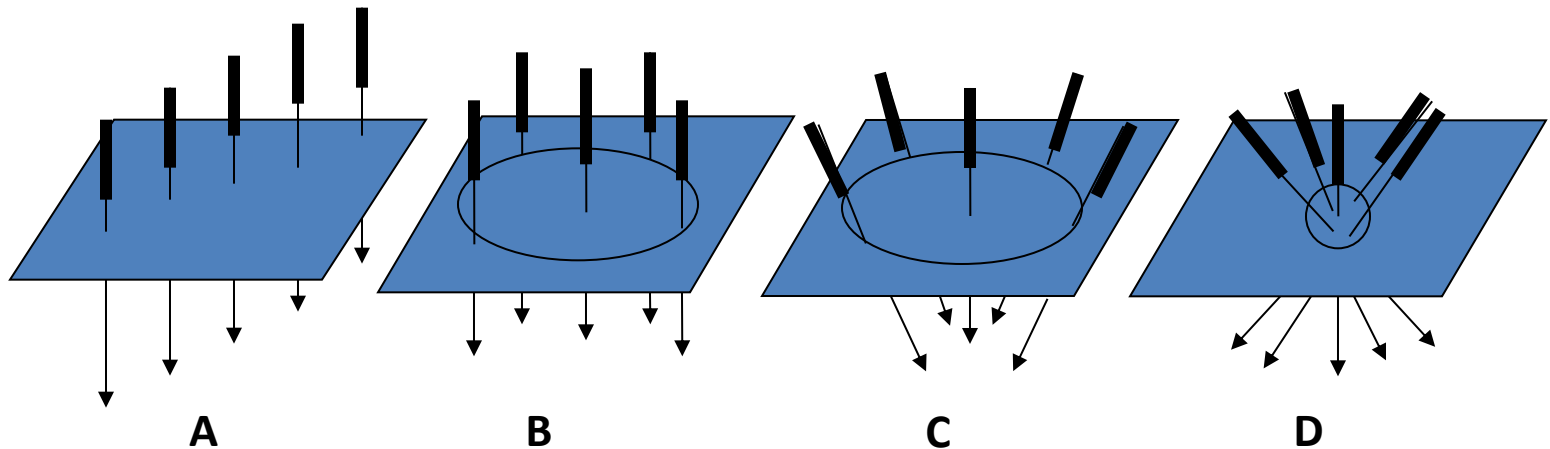
## 局部取穴与远隔取穴的比较

	局部取穴	远隔取穴
反射弧	简单、短捷	复杂、长
作用时间	快但不易持久	慢但持久
穴位的相对特异性	小	大（中枢反射区除外）
刺激强度	强弱均宜	须适中，不宜过强、过弱
针感	局部扩散即可	最好能远距离扩散， 气至病所
刺激深度	或深或浅，因病制宜	针治内脏疾患宜深些
个体敏感性	敏感性高或低者均宜	适用于敏感性高者
患部活动	无法同时活动患部	可同时配合患部活动

### 3. 一穴（区）多针法

#### Multiple Needles at a Single Point (Zone)

- The needle tips are mostly perpendicular to the skin when needling in line, but they also can be aimed at the center of point when needling in a circle.
- 可在一个穴位或反映点上同时刺上5~7针。针的排列可以是“排刺”，也可以是“围刺”。



# Three Dimensions of Acupoint

## 体表穴位的三维特点

- Acupoint is not an area instead of a point; while the meridean is a band instead of a line.

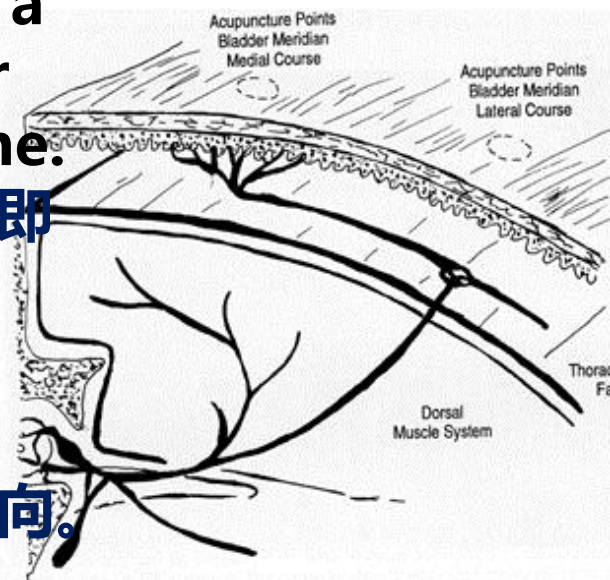
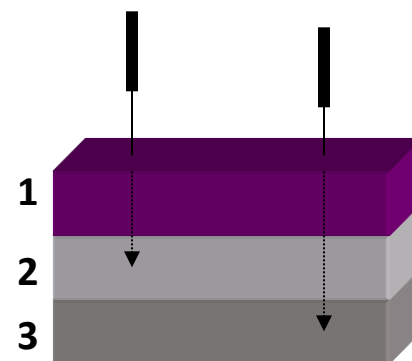
穴位不是一个点，而是一个面，经络不是一条线，而是一条带。

- The Reactive center of acupoint is a stricture with three-dimensions or a reactive layer with certain volume.

穴位反映中心是一个具有三维立体结构即有一定体积的反映层。

- Acupoints with similar functions are merged as a zone.

类似功能的穴位有聚集成片、成区的倾向。



# Advantages of Multiple Needles at a Single Point (Zone)

## “一穴（区）多针”的优越性

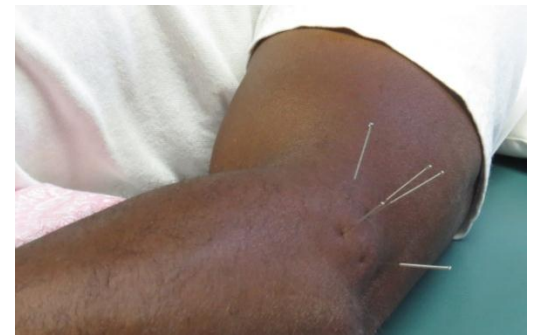
- Raise the stimulation amount by the augmentation of stimulation area.  
增加刺激总面积而提高刺激量
- May use thinner needles instead of thick needles.  
可用细针代替粗针
- Increase possibility to hit reactive center within acupoints.  
增高刺准反映点中心的概率，减少穴位内探寻针感的过程
- Especially needed for tall or large patients. 特别适用于个儿大的病人



# Commonly Used Reflex Zones with Multiple Needles

## 常用的“一区多针”的反射区

- **Suprascapular Region**  
肩胛上区（肩井~天髎~乘风~曲垣~肩外俞~肩中俞）
- **Sacroiliac Region**  
腰骶部倒三角区（大肠俞~关元俞~次髎~十七椎下~腰阳关）
- **Medial region of the knee**  
膝内侧区（曲泉~上阴陵）
- **Xiyan region**  
膝眼穴区
- **Medial region of the heel**  
足跟内侧区（水泉~然谷~水泉下1寸）



## 4. Avoid Needling-Resistance 避免抗针性

□ The adaptability of the body to acupuncture is called Needling-resistance or Moxibustion-resistance. Due to the generation of needling resistance, the initial effectiveness of acupuncture may be paused, unless new acupoints or stimulation amount are applied.

- 人体对针灸刺激的这种适应性，我模仿西医“抗药性”的名称，分别称之为“抗针性”与“抗灸性”。用同一种手法对同一组穴位施以类似的刺激量，最初虽能收效，但不久疗效停滞不前，而在更换新穴位或刺激量后，疗效又前进了。



# A Case of Needling-resistance

## 抗针性案例之一

□ In 1970, when I was treating a patient suffering from intractable hiccup with acupuncture...



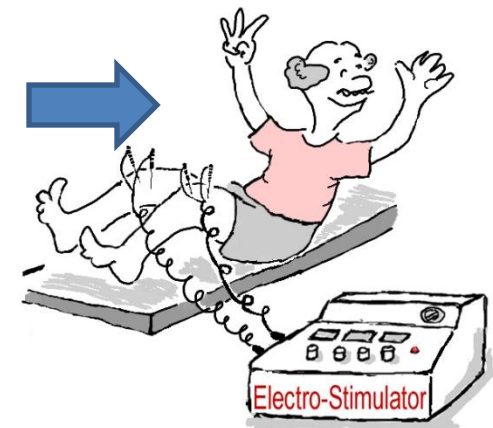
- 1970年，我在接治一位顽固性呃逆（膈肌痉挛）连续五昼夜的住院患者。第一次治疗时，针刺中脘穴仅行针半分钟即止住了呃逆，又刺激双侧足三里、内关并留针半小时巩固疗效，使患者的呃逆静止一夜未发。但第二天晨呃逆又发作。我重复使用第一次治疗时用的穴位与刺激量，未作丝毫改变。因第一次针刺后的“针眼”尚有痕迹，针从原针眼刺入，并以同样角度与方向刺入同样深度，以同样的手法获取同样性质的针感，但这次施术竟然“失效”了。随后只得换用另外穴位，改变刺激量才重新获效，止住了该患者的呃逆。

# The Ways to Avoid Needling-Resistance

## 避免抗针性的方法

- ❑ Select optimal stimulation points;
- ❑ Apply sufficient stimulation amounts;
- ❑ Alternate needling methods, needling sensations, especially the stimulation intensity;
- ❑ Apply manual acupuncture instead of electro-acupuncture;
- ❑ Prolong /shorten the interval between consecutive sessions.

- 选择最佳刺激部位-反映点，而且少而精；
- 自开始就足量刺激，争取很少次数就获效；
- 经常变换针刺手法、针刺感应及传导方向，不规则地交替强、中、弱刺激量；
- 适当延长或缩短治疗间隔；改电针为手针；
- 提高患者机体对针刺的敏感性。



# 5. Control the Propagation of Needling Sensations

One of its primary objective indicators is the arrival of qi at the diseased region.

❑ Choosing Reflex Points

❑ Continuous Structure of Tissues

❑ Appropriate Needling Sensations

❑ Directions of Stimulation

❑ Reduce the Resistance and Shunt of Qi

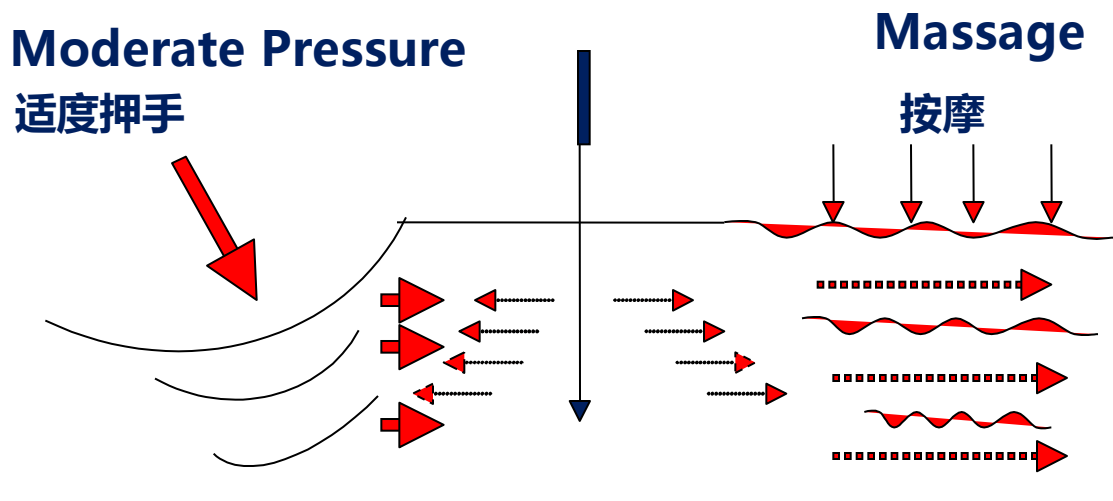
❑ Needling-Relay to Circulate Qi




- 反映点，反映点，反映点
- 考虑组织的连续性
- 疏前方，堵后路
- 适当、持续而不痛的针感
- 调节刺激力的方向
- 接力远循



# Dredging & Blocking Methods to Propagate Needling Sensations

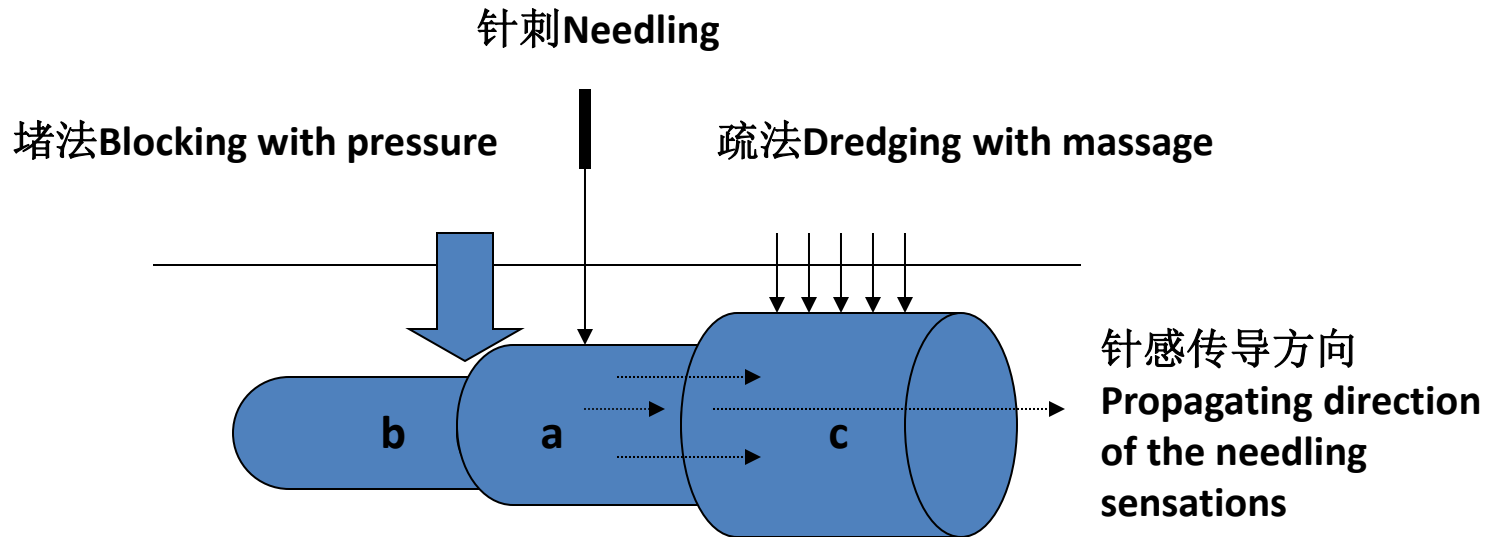
## 促使针感传导的疏、堵二法



-  堵法      Blocking method
-  疏法      Dredging method
-  合力      The Direction of the Combinatorial Force

# Changes of Pathway Capacity During the Dredging and Blocking Methods

## 疏、堵二法时通道容量的变化



- a. 针刺局部的信息通道容量Control capacity at needling area
- b. 堵法刺激部减少的信息通道容量Reduced capacity at blocking area
- c. 疏法刺激部增加的信息通道容量Increased capacity at dredging area

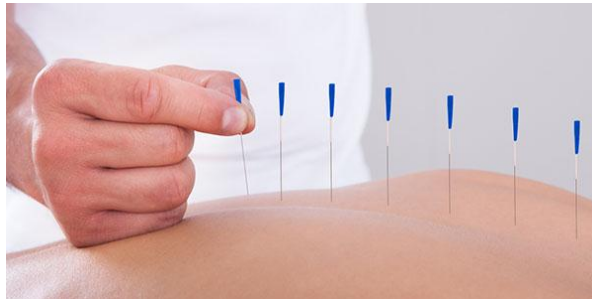
# Connecting qi and dredging the meridian by Dr. Zheng, Kuishan

## 郑魁山接气通经法

In treating apoplexy / hemiplegia, Dr. Zheng often first punctured bilateral Fengchi (GB20), Dazhui (GV14), and Fengmen (BL12) of the upper back, then orderly punctured Jianyu (LI15), Quchi (LI11), Shousanli (LI10), Waiguan (TE5), and Hegu (LI4), respectively.



■ 对于上肢瘫痪，先取双风池和背部的大椎、风门，然后是肩髃、曲池、手三里、外关、合谷等。手法应当先轻后重，逐渐加强。



# IV. Advancing Techniques of Acupuncture

## 特殊針法與技巧

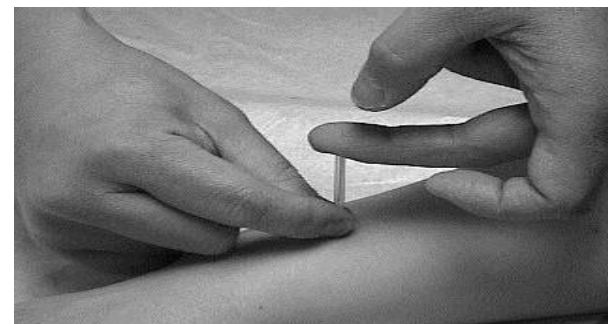
1. Snapping the Finger Nail to Shoot the Needle without Pain
  2. Point-Probing and Repeatedly Needle-Thrusting Method
  3. Needle-Manipulations with Both Hands
  4. Point-Probing with Electricity
  5. Scraping the Needle
  6. Triggering Pulsation Responses by the Muscle Spindle
  7. Resistance-Needling Method
- 彈甲射針法
  - 探穴搗針法
  - 雙手運針法
  - 刮針催氣法
  - 肌梭跳穴法
  - 帶電移針法
  - 阻力追針法

# 1. Snapping the Finger Nail to Shoot the Needle without Pain

## 金氏無痛彈甲射針法



A



B



A

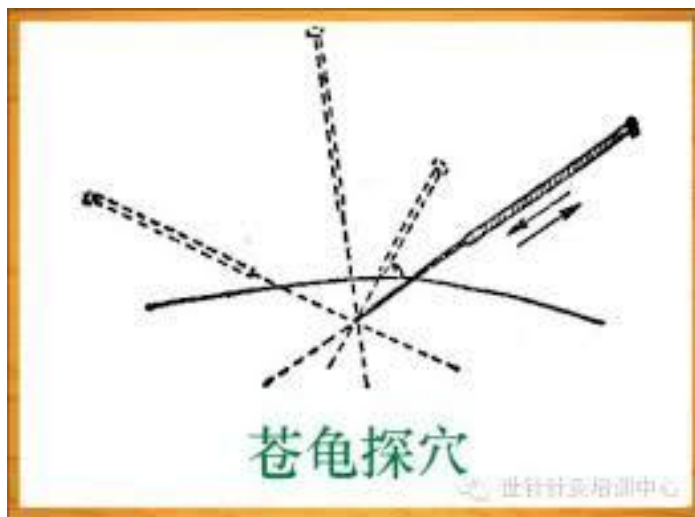


B

## 2. Point-Probing & Repeatedly Needle-Thrusting Method

### 探穴捣针法

- First sequentially explore the sensitive center within the point at each depth and angle, with continuous adjustment. After the sensitive center is located, then intensify the stimulation. Another way is thrusting the needle randomly.

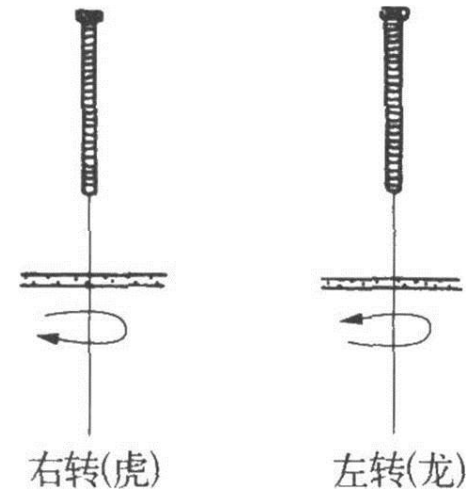


**探穴法**：针刺入穴位后用针尖仔细探索反应最强的层次h中心点，然后捻转或提插刺激，这就是所谓“探穴法”。它是以微小的针尖移动来获取最大的针感。**捣针法**：不预先探寻敏感中心就在穴内作立体刺激的。古人称其为“子午捣臼法”。

### 3. Needle-Manipulations with Both Hands

## 双手运针法

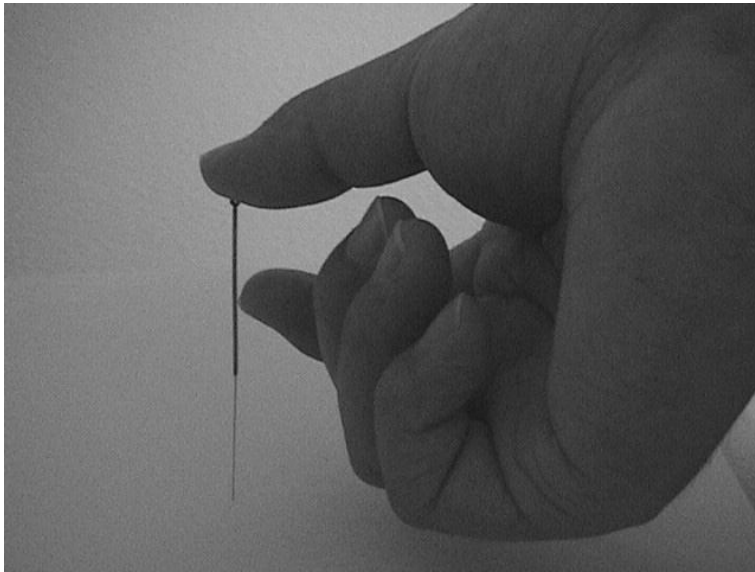
- It is particularly suitable to allow two different points stimulated concurrently, which might lead to a greater amount of stimulation input and greatly enhance the therapeutic effectiveness.



- 古代针法中的“龙虎交战法”，是一种交替捻针方向刺激的针刺手法。龙，指向左转针，虎，指向右转针，左转、右转两法交替进行，称为“交战”。它既可以单手操作，还可以在身体两侧对称的同一穴位上采用双手操作，即同时捻针，保持两手捻针频率一致，因而可以产生捻针方向相反的刺激。



## 4. Scraping the Needle 刮针催氣法



**a. 单手刮针**

**Scraping the needle with  
one hand**



**b. 双手刮针**

**Scraping the needle with  
both hands**

# Palm Qigong

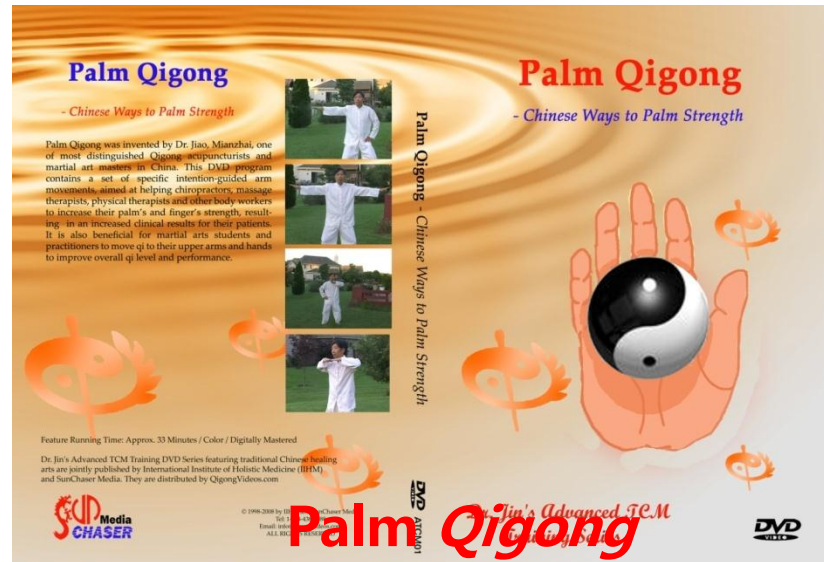
## 运掌练气

Despite the learning difficulty of using both hands, it is still achievable through exercising Palm Qigong innovated by Master Jiao, Mianzhai.



焦勉斋大师

Master Jiao, Mian-Zai



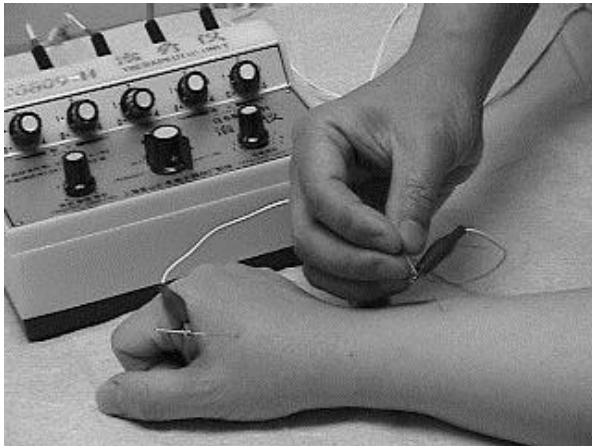
运掌练气功

Order at [www.AceAcupuncture.com](http://www.AceAcupuncture.com)

# 5. Point-Probing with Electricity

## 带电移针法

- It is especially suitable for fleshy points as well as for patients with hyposensitivity or situations where they cannot timely report subjective feeling. In addition, it is advantageous to the treatment of paralysis.



- 当毫针在穴位内探索不能得气时，不要把针拔出来，可在针柄上接上电针仪，然后通电观察其局部反应。通常取刚能引起局部肌肉搐动的强度或稍小些。用手指持住此“带电”的针柄，在穴位内上下左右逐渐移动针体，同时密切注意针下反应的变化。一旦出现了肌肉搐动，即停止针体的移动。

## 6. Triggering Pulsation Responses by the Muscle Spindle 肌梭跳穴法

- A visible muscle twitching may be induced by needling the muscle spindle at the acupoint.
- Generally, thin needles can induce muscle twitching more easily than thick needles. Take appropriate body postures and relaxed muscles. Only superficial muscle twitching is visible, and small joints (such as fingers) moved by simple muscle contractions may twitch upon needling.

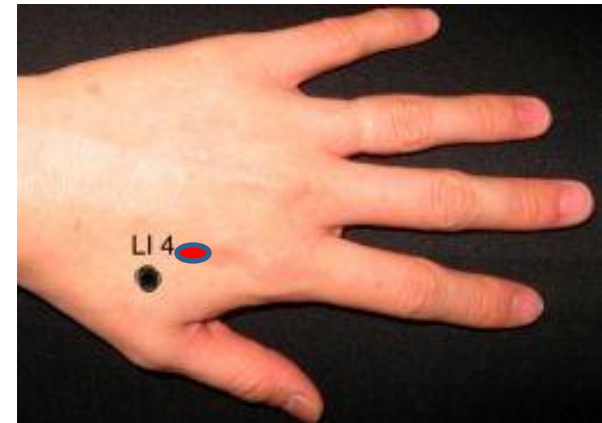
- 当針尖擊中肌肉豐滿處穴位內肌梭時可以看見穴內相關肌肉的跳動反應，同時患者有明顯的針感。



# Two Type of Pulsation Responses

## 两大类跳动反应

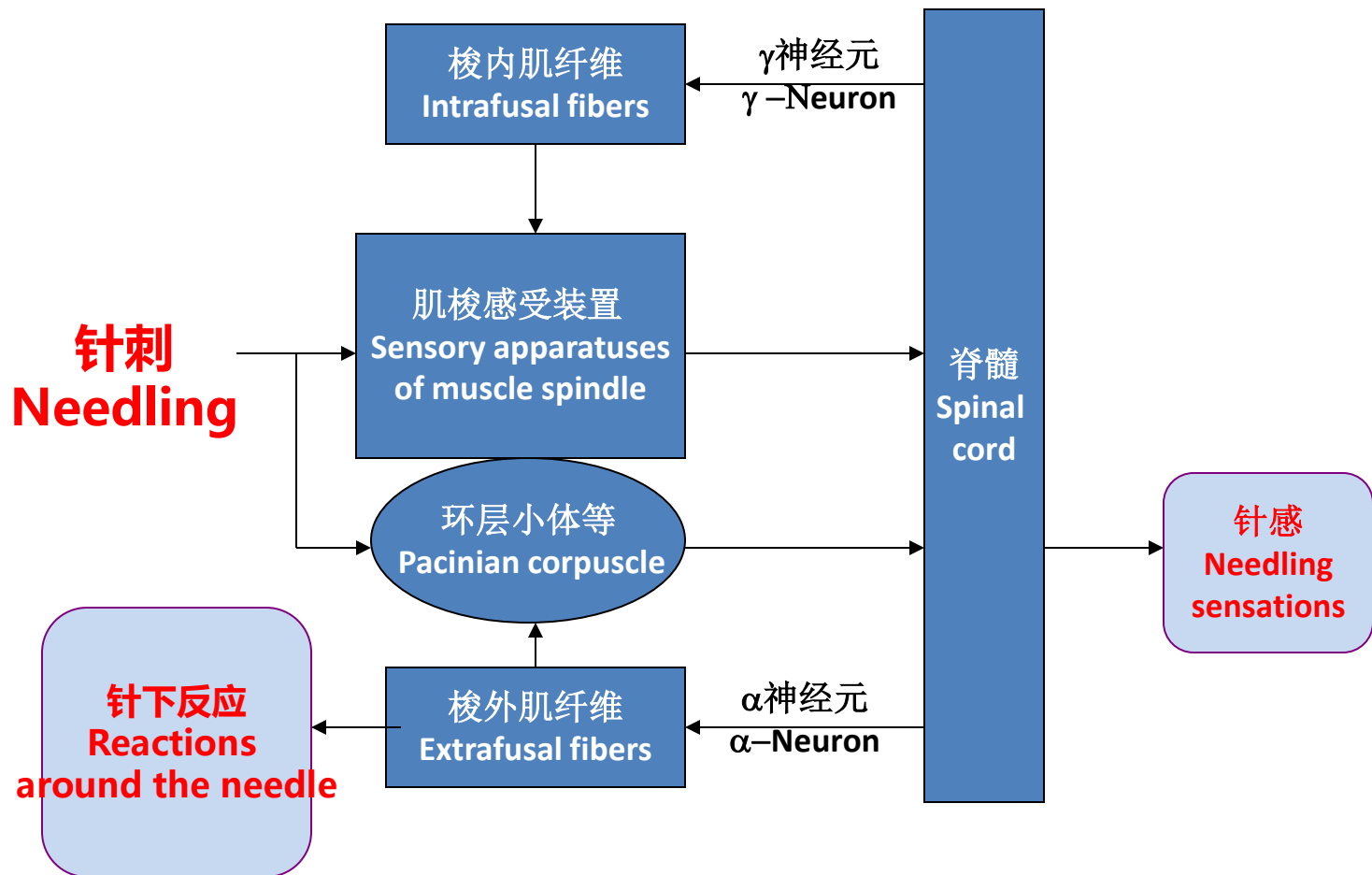
- The first is the muscle twitching around the needle which seems “amplified” or visible phenomenon of deqi. Simultaneously, the patient may feel intense needling sensations.
- The second is the occurrence of jerks on the limb or joint stimulated. They may be due to direct stimulation of motoneuron, flexor reflexes, or the stretch reflex by stimulation of muscle spindles.



- 针刺式腱反射：当针尖靠近合谷尺侧刺激第一骨间背侧肌时有食指外展运动，而当针尖刺激拇收肌时有拇指的内收运动。

# Mechanisms of Pulsation Responses by Needling the Muscle Spindle

## 针下跳动反应或得气的机理



# 7. Resistance-Needling Method

## 阻力追针法

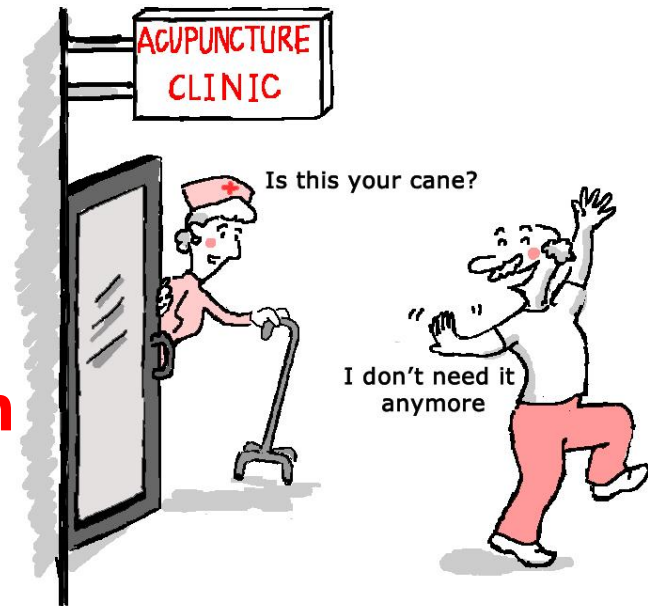
- Both detection and needle-manipulation of reflex points are applied under certain tensions of regional soft tissues. While consecutively needling, the patient's position must be kept still.
- 活动或牵拉患部，当处于某特定体位感到局部疼痛或原有疼痛加剧时即固定该体位不要移动，此时的局部疼痛位置往往也有明显的压痛，即成为首先要施针的穴位。
- 施针时保持该姿势不动，把针刺入其敏感中心并加以捻转或提插刺激。一般不留针，拔针后再活动患部，细心体会痛点的变化。再次固定其姿势在新出现的痛点施行第2针……依此反复，追踪施针，直到痛点减少，疼痛暂时缓解为止。



# V. Tough Case Studies

## 难治病症讨论

- **1. Somatic Analgesia**  
躯体性镇痛
- **2. Visceral Regulation**  
内脏性调节
- **3. Neural Rehabilitation**  
神经性康复



# 1. Somatic Analgesia

## 躯体性镇痛

**Acute vs. Chronic**  
**Somatic vs. Visceral**  
**Neuralgia or Arthritis?**

**Original focus of Inflammation?**

- **确定疼痛与炎症关系**
- **急性疼痛还是慢性？**
- **与内脏性疼痛鉴别**
- **寻找原发性炎症部位**

### ACUPUNCTURE FOR PAIN RELIEF

Drs. Jin are experts in treating acute and chronic intractable pains:

- \* Sciatica \* Migraine Headaches \* Shingles
- \* Trigeminal Neuralgia \* Heel / Feet Pain
- \* Arthritis \* Reflex Sympathetic Dystrophy
- \* Pinched Nerves \* Pain Caused by Cancers
- \* Neck / Shoulder / Back Pain
- \* Visceral Pain \* Acupuncture Anesthesia



Dr. Jin is treating a patient with sciatica

The Mechanisms of Acupuncture Analgesia:

- \* Increase the natural cortisol to reduce inflammation
- \* Raise endorphin level to increase the pain threshold
- \* Improve circulation to clean out the harmful chemicals



Patient with arthritis is taking electro-acupuncture



Dr. Jin performed Acupuncture Anesthesia for the successful and pain-free delivery of a baby at St. Mary Hospital in 1993.



Patient with shingles is healing after acupuncture



Patient with neck pain is taking acupuncture

**Avoid Unnecessary Surgeries and Drugs,  
The Pain-Free Life Begins with Acupuncture!**

# Principles for Somatic Analgesia

## 躯体性镇痛的原则

- Directly puncturing the pain location or tender spot at the affected or adjacent region often can immediately alleviate the pain.
- The non-specificity and the specificity in analgesia actions of acupoints should be considered sufficiently.
- Determining an appropriate stimulation intensity or acupoints may rely on the non-specificity or the specificity of sensory projection system.
- Pay attention to control the proper intensity and duration of stimulation.
  - 局部炎症剧烈时，巨刺镇痛，
  - 局部炎症平稳时，刺激局部抗炎；
  - 选择适宜针刺参数；
  - 配合患部活动或休息。



# (1) Knee Pain

## 膝关节痛



■ Acupuncture with infrared rays was applied at Xiyan (EX146) (two needles per point), Bindi (EX147), Liangqiu (ST34), Xuehai (SP10), Yinlingquan (SP9), and Zusanli (ST36).

■ 反映点多出现在髌骨四周边缘，如膝眼、鹤顶、髌底等。其中尤以膝眼肿胀为多见，可以其为主穴，一穴多针，从不同方向或不同进针点深刺入关节腔内；也可同时刺激出现在支配髌骨的股前肌群内的反映点。针刺的同时也可以配合艾灸或红外线照射。急性期每日或隔日治疗一次，慢性期每隔3~4天一次。

# Case 1. Knee Osteoarthritis

## 膝骨关节炎

- Female, 71, suffered from osteoarthritis in both hips for over 18 months. Unable to stand up from a sitting posture due to severe pain. EA was applied at local reflex points on both hips, four points per side at depths of 3~4 inches, her pain was much relieved since the initial session, and completely disappeared after 3 sessions.

- 女，63岁，左膝骨关节炎已一年半，发作已半月余，曾应用冰敷、抗炎药均无效。就诊时跛行。检查：左膝关节肿胀、活动受限，局部压痛明显，皮肤发红，皮温发烫。针刺患处压痛点膝眼、梁邱、鹤顶、血海、曲泉、足三里、阳陵泉；针从膝眼刺入关节腔，深约2寸，胀感强烈。隔日一次。第1次治疗明显好转，不再跛行。共针治6次，疼痛与红肿全消，行走如常。



## (2) Hip Osteoarthritis/Groin Pain

### 髋骨关节炎/腹股沟痛

- Select local reflex points e.g. Juliao (GB29), Huantiao (GB30), and tender spots around the major femoral trochanter. For pain radiating to the thigh, Fengshi (GB31), Futu (ST32), and Xuehai (SP10), can be associated. EA (continuous wave, 2~4 Hz, moderate intensity) may be combined once every other day or every 3~4 days.



- 针刺时取局部反映点为主。髋关节后、侧面疼痛时取居髎、环跳、股骨大转子邻近压痛点；髋关节前面或腹股沟疼痛时，取维道、冲门、阴廉、脾关附近压痛点；疼痛向大、小腿放射时，配下肢反映点：风市、伏兔、血海、阳陵泉、悬钟等。强刺激手法，得气后留针30~40分钟。也可接电刺激（连续波，2~4Hz，中等强度）。隔日或每3~4日一次。

## Case 2. Hip Osteoarthritis

### 髋骨关节炎

□ Female , 71, suffered from osteoarthritis in both hips for over 18 months. Her main complaint was unable to stand up from a sitting posture due to severe pain. EA was applied. After 3 sessions, she was able to stand up easily from a sitting posture without any pain.

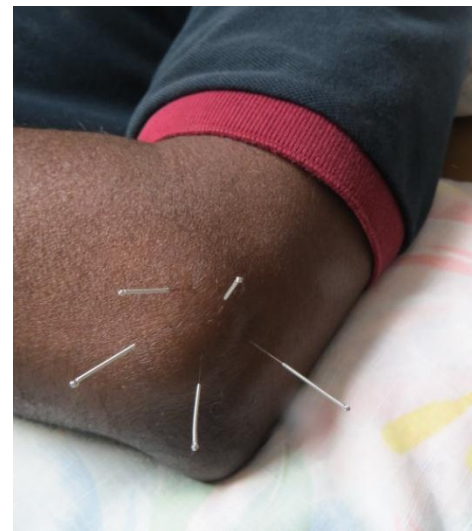
- 女，71岁，白人。双侧髋关节炎致局部疼痛、僵硬已一年半之久。主要表现为坐下后难以站起来。由于该患者肥胖，局部深刺3-4寸也几乎没有针感（针下空虚感），后接电刺激。治疗一次后上述症状立即明显缓解，经3次治疗后已能自如地从椅子上站起身来，其后又连续治疗数次，症状全部消失。



## ( 3 ) Tennis Elbow 网球肘

□ Apply direct, superficial stimulation at regional tender spots, which are usually located on the affected epicondyle. Using multiple needles at a single point, within a scope of 2 cm in diameter. Aimed to stimulate the center of the spot. Once needling sensations are generated, retain needles for 20 min without requiring any needle-manipulations.

- 选择局部压痛点直接浅刺，并在直径2厘米范围内斜刺四周所附肌腱3~5针，针尖均指向疼痛中心，形成包围针法。一定要刺准痛点。获针感后不要过多运针，留针20分钟后再稍运针即可拔除。对于顽固病症可以加用电针或热疗。隔日一次或每周2次刺激为宜。

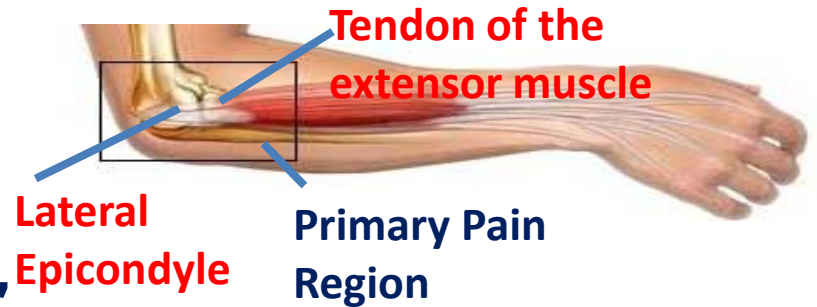


# Case 3. Tennis Elbow

## 网球肘

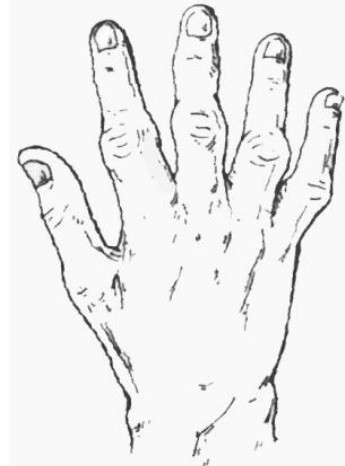
□ 48-year-old male, suffered from lateral epicondylitis for two years. Acupuncture was applied twice weekly. The method of MNSP was applied on the most remarkable tender spot with insertions of five needles each time. Through eight sessions of treatment, the patient had significant relief of local tenderness and pain.

- 男，48岁，右侧肱骨外内上髁处疼痛约2年，夜里痛醒。肘外侧肱骨外上髁处局部明显压痛。在局部压痛点采用一穴多针（每次5针），留针30分钟。每周2次。经治疗8次其症状明显好转。又治疗4次，每周一次，患肘自发疼痛与压痛均基本消失；后每月一次随访及巩固治疗，连续三个月，未见复发



## (4) Rheumatoid Arthritis/Gout 类风湿性关节炎/痛风

- Select local reflex points with tenderness, swelling, or a higher skin temperature at affected joints or their adjacent regions. For patients with severe articular pain or pain involving multiple joints, select other associate points or advanced needling techniques to help raise the pain threshold or the immunity.



- 在受累关节局部或邻近部位选取具有压痛、肿胀或皮温升高的反映点，针刺为主，也可以配合灸治或红外线照射。
- 针刺肌肉部位或关节腔内穴位时，宜用粗针（如26~28号毫针）反复提插捻转。在骨膜表面穴位针刺时，宜斜刺或平刺，在骨组织表面“以针摩骨”。留针30分钟。

# Case 4. Gout

## 足姆趾肿痛

□ 53, female. Suffered from pain in her left big toe for six months, and could only wear open-ended sandals as the pain greatly affected her walking...



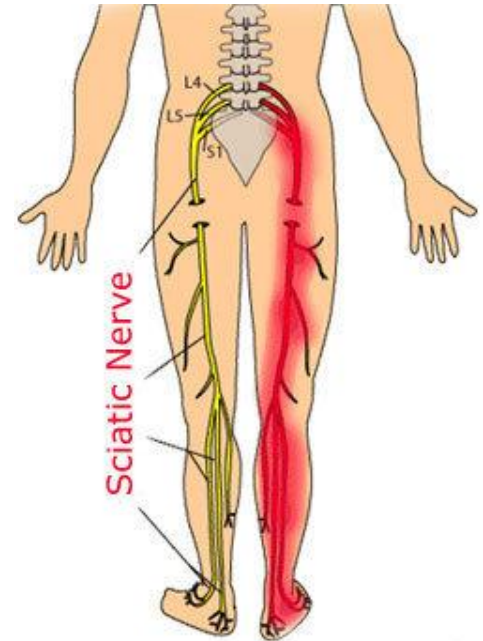
- 女，53岁，白人。左足大姆趾肿痛6个月，无法穿鞋。曾以为是痛风，但经化验后排除。服用过endomathicin无效。就诊时左足大姆趾与第2趾之间的间隙增大，第1跖趾关节有明显肿胀与压痛，大姆趾关节表面也有皮温增高，但红肿不明显。在大姆趾背面中线浅刺入5针，另加针刺大姆趾与第2趾之间的间隙处（八风）一穴2针，还有行间、太冲、大都、太白各一针。留针25分钟，同时局部照射红外线。起针后疼痛立止，已不影响行走。

## (5) Sciatica

### 坐骨神经痛

- Some intractable sciatica or lumbago is caused by inflammation of the sacroiliac joint. In this case, acupuncture should be applied at the reflex points of sacroiliac region.

- 患侧局部取穴时，选放射痛的起始部（如大肠俞、秩边、次髎、环跳、居髎）的痛点为主穴，并按照疼痛放射途径选压痛点配穴：疼痛沿大、小腿后侧（膀胱经）放射的，取承扶、殷门、委中、承山、昆仑；疼痛沿大、小腿外侧（胆经）放射的，取大转子上、风市、阳陵泉、丰隆、悬钟、丘墟；疼痛沿大、小腿前侧（胃经）放射的，取脾关、伏兔、梁邱、血海、足三里、太冲。



# Case 5. Sciatica

## 坐骨神经痛

- Female, 60, Suffered from right sciatica for three months... Since the initial session, she had four consecutive painless days. Through 11 sessions in one month, all of her pain was alleviated.



- 女，60岁，右侧坐骨神经痛已3个月，疼痛自腰骶部放射到小腿外侧，夜间疼痛尤甚。核磁共振成像证明有腰骶椎退行性病变。曾服用抗炎西药与接受捏脊疗法等效果不明显。针刺治疗，每周2次，取双侧大肠俞，右侧环跳、秩边、后陵、腓膂、丰隆，足益聪，得气后留针30分钟，并且接电刺激使右足微有外翻摇动。经1次治疗即有4天几乎疼痛全消，后继续治疗，在一个月內共11次，疼痛完全消失。

## (6) Trigeminal neuralgia

### 三叉神经痛

- Acupuncture can be applied at tender spots, which reside on the face, extremities, and auricles, on either affected or healthy sides of the body. For body acupuncture, select Xiaguan (ST7) and Yifeng (TE17) as master points. Retain the needles for 30 min. For incorporated. chronic cases, combine with moxibustion or infrared radiation on the affected region. At the acute stage, do not apply heat on the region. For severe pain, EA may be combined.



- 局部主穴：下关、医风。在下关穴垂直深刺1~1.5寸，医风穴针斜向下颌方向，以下半个面部有强烈针感为度。根据疼痛放射范围或触发点位置选取配穴3~4穴：四白、迎香、地仓、人中、颊车、太阳、丝竹空或阿是穴。远隔取穴：双侧或对侧合谷、足三里、外关或后溪。每次选1~2穴。留针30分钟。慢性期可在留针期间加艾灸或红外线局部照射。急性发作期不用热疗。剧烈疼痛时可加电针刺激。

# Case 6. Trigeminal neuralgia

## 三叉神经痛

- Case 44: Patient was a 38-year-old female. She had suffered from right trigeminal neuralgia for eight years with unknown causes.

女，38岁，白人。右侧三叉神经痛8年，原因不明。疼痛持续存在或被谈话、进食、饮水，触摸面部等动作，甚至冷气候所触发。疼痛之剧烈经常使她虚脱。曾接受过止痛药、局部神经阻滞注射、面部肌肉牵引等治疗都无效果。经针刺治疗，每周2次，第2次后疼痛明显好转第10次后疼痛几乎完全消失。以后1年内每周1~2次以巩固疗效，虽有3次较剧烈发作，但都能被及时的同样治疗所控制。



## 2. Visceral Regulation 内脏性调节

- When treating visceral diseases, the optimal stimulation locations are within adjacent or distal reflex zones.
- Positive reactions emerged are mainly tender spots or subcutaneous hard nodules. In general, they are frequently found within adjacent reflex zones of the back.
- Distal visceral reflex points are often found below the elbow and knee. However, the visceral referred pain needs to be distinguished from pain induced by local somatic diseases, which might coexist occasionally.

- 位于阴面的内脏反射区
- 迷走神经分布的耳反射区
- 远端或背腹部同节段反映点

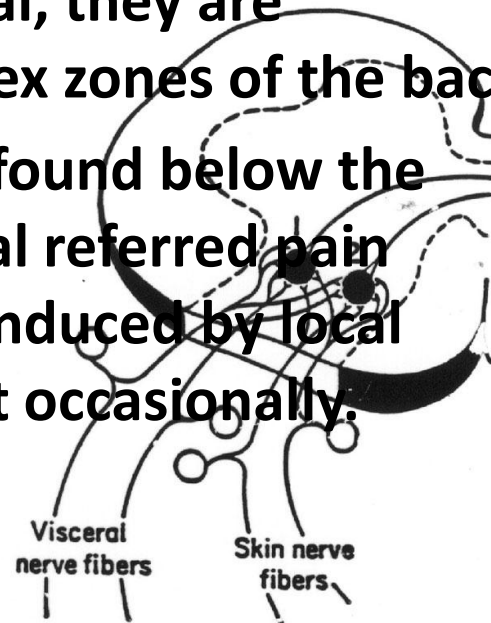


Figure 50-6. Mechanism of referred pain and referred hyperalgesia.

# (1) Urinary Incontinence /Retention

## 尿失禁与尿潴留

- Select reflex points upon pressing urogenital reflex zones at the medial side of lower limb, lower abdomen, and the sacral or buttock regions, such as Sanyinjiao (SP6), Yinlingquan (SP9), Shangyinling (EX155), Shuidao (ST28), Guanyuan (CV4), Qihai (CV6), BL54). Ciliao (BL32), Zhongliao (BL33), and Zhibian (



- 在下肢內側、下腹部、骶部或臀部的泌尿生殖系反射區內選取反映點或穴位各1~2個相配。如常用的穴位是三陰交、陰陵泉、上陰陵、水道、關元、氣海、次膠、中膠、秩邊、這些穴位附近經常可以找到按壓酸痛的敏感點。針刺或艾灸。雙側同時刺激。針刺每天或隔天一次，艾灸至少每天一次。連續治療至取效。

# Case 7. Urinary Retention

## 尿潴留

□ 25-year-old female. Suffered from postpartum uroschesis for three days. It was found there were reflex points at Shuidao (ST28), Zhibian (BL54), and Sanyinjiao (SP6) that showed abnormal soreness upon pressed. First, puncturing these points was applied, and then moxibustion was followed. Two hours later, her self-micturition ability was recovered.

- 女，25岁，住院患者。分娩后发生尿潴留已3天。曾作下腹部热敷及导尿3次，均未能恢复主动排尿。经检查在水道、秩边、三阴交处找到反映点，按压时酸楚异常，先针刺后艾灸，治疗后2小时即恢复主动排尿。

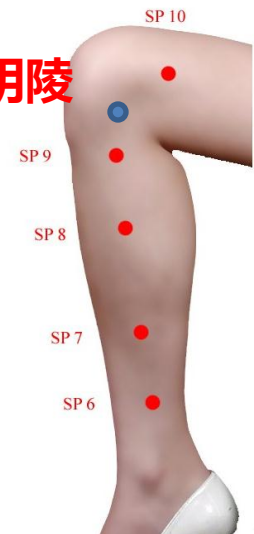


# Case 8. Urinary Incontinence

## 尿失禁

□ Female, 63 . Suffered from urinary incontinence for 15 years since menopause. Urgent urination with colic pain was worse during the daytime. It was difficult to generate deqi via needling as most acupoints . Through a careful detection, bilateral **Shangyinling** was found to be the most sensitive point with local swelling and soreness, ands were chosen as master points. At each session of treatment, two needles were inserted on each point together to strengthen the stimulation...

- 女，63岁，自绝经后尿失禁已15年，白天尤甚。时有尿急感，解尿时有下腹绞痛。就诊时发现其下肢穴位敏感性低，一般穴位都无压痛，很难得气。在其泌尿生殖反射区内仔细检测反映点，发现双侧**上阴陵**穴最为敏感，局部稍为肿胀并有压酸感觉，遂取为主穴而针之，每次一穴2针，以加强刺激。每周2次。经8次治疗症状减轻，10次治疗后明显好转，不再有尿急感与腹部绞痛。

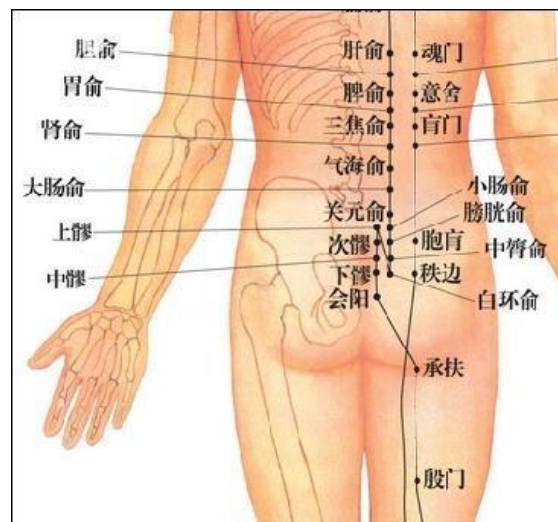


## (2) Colitis / IBS / Cohn's Disease

### 结肠炎/肠道易激综合征

Detect reflex points within intestinal reflex zones

- Dachangshu (BL25), Guanyuanshu (BL26), and Xiaochangshu (BL27) at the lumbosacral region;
- Tianshu (ST25), Qihai (CV6), and Guanyuan (CV4) at the lower abdomen;
- Yinlingquan (SP9), Diji (SP8), and Zusanli (ST36) at the medial side of the lower limb.



- 在肠反射区的三个区域内寻找反映点刺激：一是腰骶部反射区，包括大肠俞、关元俞、小肠俞等；二是下腹部天枢、气海、关元等；三是下肢内侧阴陵泉、地机、足三里等。腹部穴多与下肢穴相配。针刺隔日或隔3~4日一次。一般需数月时间的疗程。

## Case 9. IBS 易激性肠道综合症



□ 26-year-old male suffered from IBS for 4 yrs. Main symptoms were constant pain around the umbilicus, as well as constipation without ematochezia. Needling therapy was applied twice weekly on Zusanli (ST36), Diji (SP8), Yinlingquan (SP9), Sanyinjiao (SP6), Tianshu (ST25) and Wailing (ST26). The later two points was slight prominence. Through 12 sessions of treatment, ST25 and ST26 no longer bulged. After 23 sessions of treatment, abdominal pain was almost eliminated,

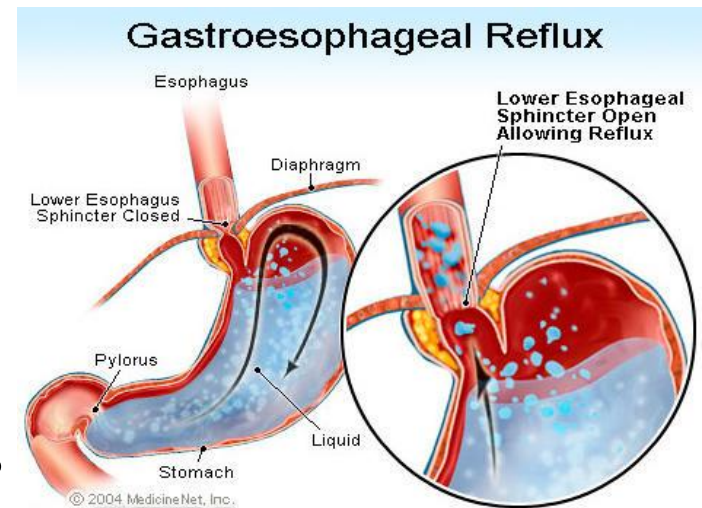
■ 男，26岁，易激性肠道综合症4年，持续性的脐周与下腹部隐痛，以及便秘，但无便血。针治每周2次，取足三里、地机、阴陵泉、三阴交、天枢、外陵等。由于其右腹部天枢、外陵两穴一带略微隆起，对该两穴每次均针刺，留针期红外线照射。2次治疗后自觉症状明显好转，10次治疗后腹痛基本消失，12次治疗后腹部那两个穴位已不再隆起。共治疗23次，腹痛消除，患者满意。

# (3) Reflux Esophagitis

## 返回性食道炎

□ Select points within stomach reflex zones at the upper abdomen, back, and medial sides of the extremities.

□ Zhongwan (CV12), Liangmen (ST21), Weishu (BL21) and Pishu (BL20), as well as Neiguan (PC6) and Zusanli (ST36) can be used as master points.



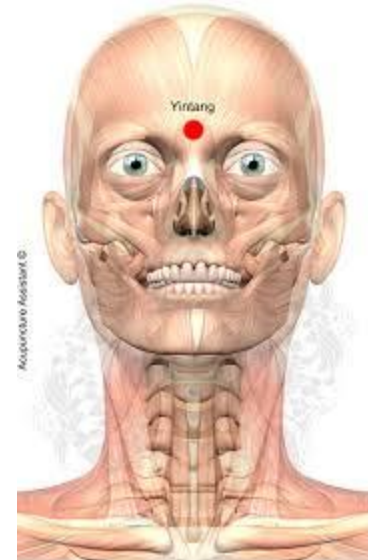
- 在上腹部、背部、上下肢内侧面的胃反射区内寻找反映点针刺或艾灸，可以结合、轮流使用局部与远隔的反射点或穴位。腹部的中脘、梁门，背部的胃俞、脾俞附近都是胃疾时经常出现压痛或硬结等反映的部位，可以作为局部刺激的主穴。上、下肢的胃反射区则以内关、足三里为主穴。

# Case 10. Reflux Esophagitis

## 返回性食道炎

□ 60-year-old female. Diagnosed as duodenal ulcer and reflux esophagitis . Zusanli (ST36), Neiguan (PC6), Tanzhong (CV17), and Yintang (EX2) were selected. The patient received 10 sessions of acupuncture at once or twice weekly. She felt much better after the initial session of acupuncture, and no longer had hyperacidity after the third session.

- 女，60岁。5年前诊断为十二指肠溃疡与反流性食道炎，服用抗螺旋菌西药而愈，近数月来又有上腹部胀痛伴泛酸。针刺治疗取胃、食道反射区内的足三里、内关、膻中、印堂等穴，得气后留针30分钟，拔针后用按摩器按摩背部胃反射区3分钟。第一次治疗后明显好转，第3次治疗后不再泛酸，10治疗后症状完全消失。



## (4) Infertility

### 不孕症

Acupuncture can be applied **twice weekly** on select reflex points with tenderness or hard nodules emerging at the following locations:

- **Lumbosacral zone: Xiaochangshu (BL27), Qihaishu (BL24), Ciliao (BL32), and Shenshu (BL23).**
- **Lower abdomen zone: Zhongji (CV3), Guanyuan (CV4), Qihai (CV6), Daju (ST27), and Guilai (ST29).**
- **Medial zone of lower limb: Xuehai (SP10), Shangyinling (EX155), Diji (SP8), and Sanyinjiao (SP6).**

- **在下腹部、腰骶部与下肢内侧泌尿生殖系反射区内寻找反映点针刺或艾灸。经常出现压痛或硬结阳性反映的位置如下：**

- **腰骶部反射区：小肠俞、气海俞、次髎、肾俞。**
- **下腹部反射区：关元、中极、大巨、气海、归来。**
- **下肢内侧反射区：血海、上阴陵、地机、三阴交。**



# Case 11. Infertility

## 不孕症

□ 37-year-old female. Since being married five years ago, she was not able to get pregnant. Her menstrual cycle was regular, and results from various gynecological exams including hormone level were all normal.



- 女，37岁，黑人。结婚5年一直未能怀孕。月经周期规则，各种妇科检查包括激素水平均无异常。经上法针刺6次，每周1次，并服用孕子丸与当归丸各一瓶，即成功怀孕，随访时其子已3月余。

# 3. Neural Rehabilitation

## 神经性康复

For disabilities of various somatic mobility or senses, such as paralysis, aphasia, loss of hearing or sight, whether they are resulted from peripheral nerve damage or central causes, acupuncture can be applied for their rehabilitation and have a certain degree of effectiveness.

- 针灸早期干预的重要性：减少进一步损伤
- 提前唤醒脊休克或病灶周围受抑制的神经
- 刺激中枢反射区（头皮、四肢末梢与督任二脉）
- 直接刺激受累肌群或其相关运动神经
- 肌张力的平衡
- 寻求针下跳动反应与带电探穴法

# (1) Bell's Palsy

## 周围性面瘫

□ Choose local points at the affected face as master points, and several distal points on the extremities as associate points. When stimulating the facial region, directly puncture trunks or branches of the facial nerve or the trigeminal nerve, as well as the affected facial expression muscles.

■ 周围神经面瘫的针灸早期介入可以减少神经的进一步损伤。针灸每日或隔日一次，加红外线及轻微电刺激（急性期要避免强刺激）。可根据电针下肌肉是否容易抖动来判断神经变性程度。变性严重的恢复必然缓慢（要以月计）。



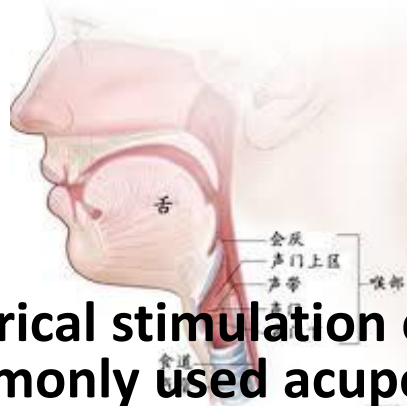
# Case 12. Bell's Palsy

## 周围性面瘫

□ Female, 46, Bell's palsy at the right side for 45 days.

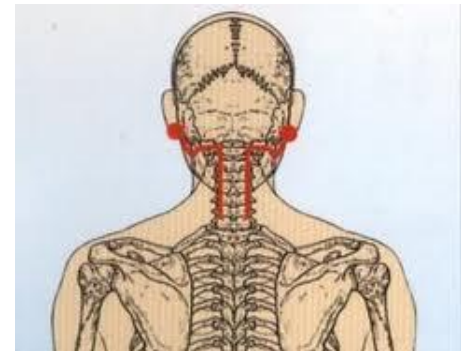


- 女，46岁，右侧周围性面瘫45天，曾接受两个疗程强的松及抗病毒剂治疗无改善。连续电针治疗20次后好转，右眼已能自动闭合，面部其余部分肌肉仍无显著活动。在第27次治疗时发现患者因感冒而有剧烈频繁咳嗽，随后的几次治疗时即观察到其面瘫症状明显好转，因那些天针刺治疗取穴与方法始终没有变化，笔者推测患者的咳嗽症状很可能起了一个促使面神经“苏醒”的效果。在以后治疗期间，尽管患者自身咳嗽症状已愈，但仍嘱患者平时作“故意咳嗽”动作，作为辅助锻炼。又经4个月共50次连续治疗，每周2~3次电针加局部红外线照射，患者面瘫终于恢复了正常。



## (2) Dysphonia 失音

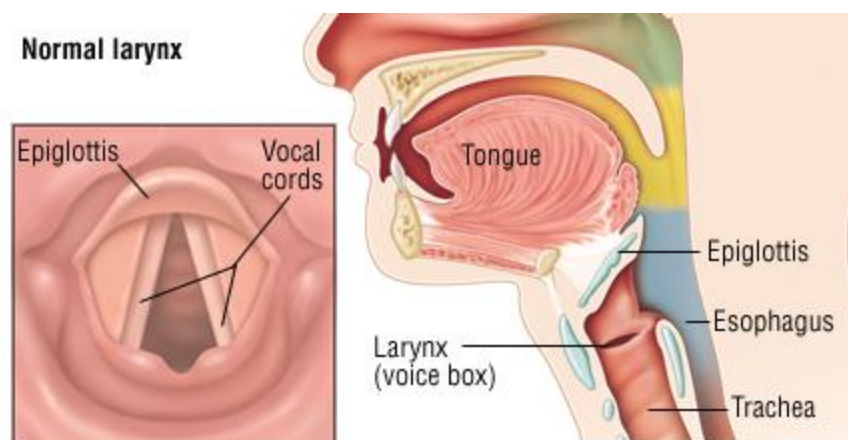
- Electrical stimulation can also be combined with needling. Commonly used acupoints are Tiantu (CV22) and Lianquan (CV23) of the anterior part of the throat, Fengchi (GB20), Tianzhu (BL10), and Dazhui (GV14) of the neck, and Fuyin (EX73), which was initially discovered by us, as well as Hegu (LI4) of the hand. Most of them overlap with central reflex zones.
- Through carefully touching or pressing the posterior cervical region, one can find sensitive nodules with a shape of funiculus at 0.3~0.5 cun bilateral to the cervical spine, which is Fuyin (EX73).
- 针刺“复音区”：患者后颈部第3~6颈椎之间两侧旁开3~5分处可以发现敏感的条索状硬结。用1寸毫针刺入其硬结中心，行平补平泻法，可获针感上下放散，有时能达咽喉部。留针5~10分钟。



# Case13. Vocal Cord Paralysis

## 声带麻痹

□ 48, male. Suffered from right vocal cord paralysis from an accident, after 6th treatment, the voice came back to  $\frac{3}{4}$ , 80% normal, view live testimonial on [www.aceacupuncture.com](http://www.aceacupuncture.com)



- Peter Tauch, 男。49岁, 白人, 2007年因胸部刺伤导致喉返神经损伤性声带麻痹。完全不能发声。一月后就诊时稍能发音, 但声音极为轻微, 而且进食或喝水时经常导致咳嗽。经6次针刺治疗后(每周2次)已经基本恢复正常。
- 取穴: 复音区, 加双侧合谷、肩井与风池。

# (3) Tinnitus / Neurosensory Deafness

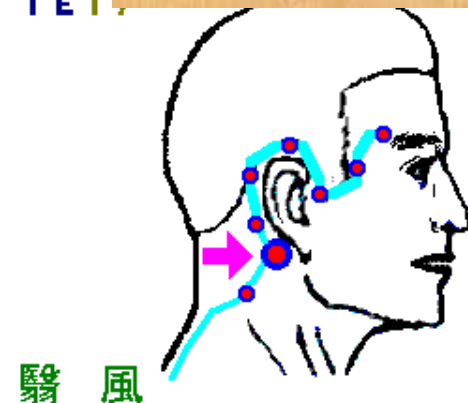
## 神经性耳聋/耳鸣

- For most patients, some hard round nodules of various sizes could be detected in subcutaneous tissues located at Yifeng (TE17) by careful examination of depression area posterior to the ear lobule.



TE 17

- 在围绕耳廓一圈的局部反射区取穴针刺为主，配邻近或远隔部位的耳反射区。耳周反射区常用穴位：耳前方的耳门、听宫、听会、上关、下关；耳廓后方的瘰脉；耳廓上方的晕听区；耳廓下方的医风。



翳 風

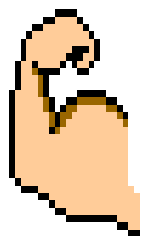
# Case 14. Tinnitus

## 神经性耳聋/耳鸣

□ 48, male. Suffered from a sudden and complete deafness in the right ear with tinnitus for two weeks. A round hard nodule with remarkable tenderness was found at right Yifeng (TE17). With intense needling sensations, the patient immediately experienced heavy perspiration, with warmness across the entire body. When the needle was removed after 15 min of needle-retaining period, the patient completely recovered the hearing. At the 1-month-follow-up, he showed no relapse.

■ 男，48岁，突发右侧完全神经性耳聋，伴耳鸣已半月，系闻剧烈爆炸声后引起。在其患侧**医风穴**触及**园形硬结**，压痛显著。作单穴针刺，针感强烈，患者当即满头大汗、全身发热，即刻耳鸣消失，并可以听到耳语。留针15分钟起针时，听力已完全复常。一月后随访，无复发。





## (4) Apoplexy/Hemiplegia

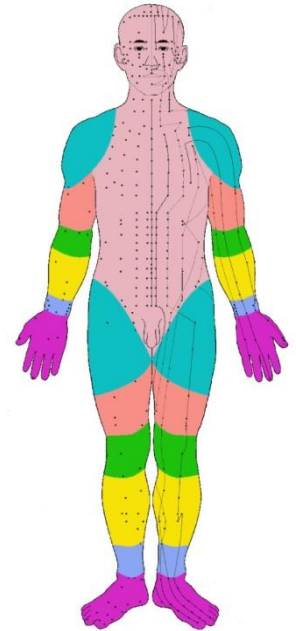
### 脑中风/偏瘫

- **Start Acupuncture As Early As Possible;**
  - **Association of Points on the Hemiplegia Side with those on the Healthy Side;**
  - **Association of Points on the Extremities and with those on the Head and Neck;**
  - **Association of Points at yang Meridians with those at yin Meridians;**
  - **Association of Needle-manipulation Techniques with Electrical Stimulation;**
  - **Association of Acupuncture, Massage, and Exercise.**
- **尽早开始针刺治疗；**
  - **偏瘫侧与健侧肢体取穴的配合；**
  - **四肢末梢与头、颈部取穴的配合；**
  - **阳经（肌张力低下部位）与阴经（肌紧张部位）取穴的配合；**
  - **针刺手法与电刺激的配合；**
  - **针灸、按摩与锻炼的配合。**

# Importance of Stimulating Healthy Side

## 健侧肢体取穴的重要性

- Puncturing the healthy side of the body is particularly important during the acute stage of apoplexy or when treating sensory loss or hypertonus of the paralyzed limbs. Stimulation of the healthy limbs may improve the cerebral blood supply and decrease the cerebral damage to reduce stroke sequelae.
- 在刺激偏瘫侧肢体的同时也刺激健侧肢体。目前多认为健侧肢体的针刺可协同、加强瘫痪侧针刺的效应，包括有利于刺激相应健侧大脑建立功能代偿区。
- 张致报道只针健侧治疗100例偏瘫患者，总有效率达94%。刘光亭观察到**病侧脑血流图的改善以巨刺为优**。李连生等在90例脑梗塞患者观察到，**巨刺改善脑血流量的即时效应优于非巨刺组**，认为针刺对脑血管的影响是通过同侧颈交感神经的途径实现的。



# Dr. Jiao's Expertise

## 焦勉斋经验



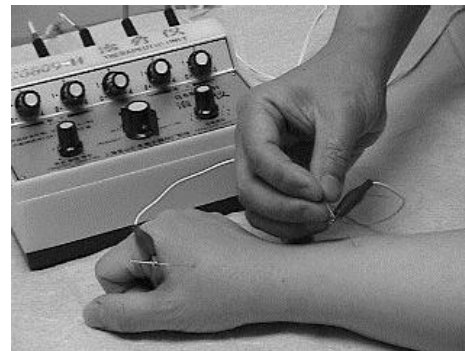
- Master Jiao, Mian Zhai valued the application of acupoints of yin meridians in his treatment of paralysis. For paralysis of the upper limb, he preferred **Qingling (HT2)**, which is located 3 cun above the medial end of the elbow crease, while **Cuoshan (EX124)** and **Baxie (EX132)** as master points of yang meridians,
- **Tiaokoupang (EX160)** For paralysis of the lower limb
  - 十分重视应用阴经穴。对于上肢瘫痪，他尤其重视**青灵穴**（过去是禁针穴）。
  - 另一经验穴“**挫闪**”（位于阳池至肘部肱骨外上髁联线上3/4处）；对于下肢瘫痪的经验穴是“**条口旁**”穴（该穴位于条口穴向外约5分处）。

# Inducing Pulsating Reactions

## 诱发跳动反应

- Either manual needling therapy or EA is suitable in treating paralysis with hypotonia. For the former, choose pulsating points as master points and attain muscular twitching around the needle or a jerking response of the limb.
- For EA, apply pulsating current with the continuous way to attain slight muscular twitching to a certain extent. If needed, the method of point-probing with EA may be applied .

□ 该法尤其适用于软瘫瘫痪侧的治疗。每次刺激的“跳动穴”不要多，上下肢各2~3个即可，刺激时要尽量获取针下的肌搐动或肢体的跳动反应，不少后遗症患者拔针后当即有肌力的提高或急性期患者首次出现瘫痪肢体的活动



# Rehabilitation of Apoplexy/Hemiplegia

## 脑中风/偏瘫的康复特点

- The therapeutic outcome is related to the properties and locations of the pathological lesion, as well as the length of disease course.

疗效与病变性质、位置与范围大小相关；

- The earlier the acupuncture treatments they received, the better therapeutic effectiveness they had.

针灸干预越早越好；

- Better outcome in lower limb than upper limb.

下肢疗效出现比上肢较早，恢复也较好。



# Case 15: Apoplexy / Hemiplegia

## 脑中风/偏瘫

□ 73 , female. She had left hemiplegia which was diagnosed as cerebral embolism via CT. The patient started acupuncture one week after the accident in the acute phase. Through the 30th session of treatment, she was near full recovery. At the 1-year-follow-up, her hemiplegia was fully recovered.



■ 女，73岁，白人。因高血压脑中风致左侧偏瘫。CT诊断为脑栓塞，体针加电刺激法治疗，每周3次。第1次治疗后其状就明显好转，下肢肌力明显增高，能站立与缓步行走，第2次治疗后能够行走较长时间，无须拐杖帮助。第7次治疗后左手指能较灵活对指运动，整个上臂可以举过头部。第10次治疗后出院回家，生活自理，第30次治疗时基本痊愈。一年后随访，其偏瘫已完全恢复正常。

# Mechanisms of acupuncture for apoplexy/hemiplegia

## 针刺治疗中风偏瘫的原理

- In the acute phase of apoplexy, acupuncture may regulate the arteriolar vasomotion in the brain, improve blood supply to the distal end of blocked artery, or promote the absorption of local hemorrhage.
- When local cerebral tissues were acutely injured, acupuncture might shorten the shock phase occurring on their surrounding or subordinate nervous structures due to the lesion.
- At certain portions of the affected or opposite side in the brain, a functional area with certain compensatory actions could be established by repeated acupuncture.
- Acupuncture could raise strengths of paralyzed muscles and prevent unused muscle atrophy.





# My Notions about Acupuncture

## 我的针灸理念



- **Acupuncture is a non-specific intervention into the body, that mainly enhance the self-healing capability.**
- **Better to miss the meridians than missing reflex zones.**
- **Personalized treatment plan based on personalized information acquired, especially from the body surface.**
- **More physiological and pathological knowledge, better effectiveness of acupuncture.**
- **Pay more attention to your patients, higher success in treating tough cases.**
- **针灸是一类非特异性干预手段，通过强化机体的自愈能力起效。**
- **经、穴皆可失，反映不可无。**
- **立足于患者个体化疾病信息，包括个体化的体表反映信息来作个体化针灸治疗。**
- **掌握生理、病理知识越多，针灸疗效越好。**
- **对患者关心越多，成功率越高。**

谢谢!



反映點灸

ACU-REFLEXOLOGY

反映點灸

ACU-REFLEXOLOGY

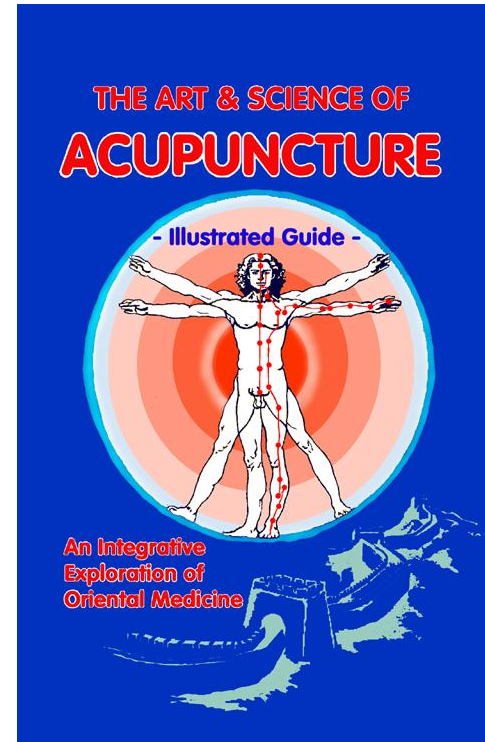
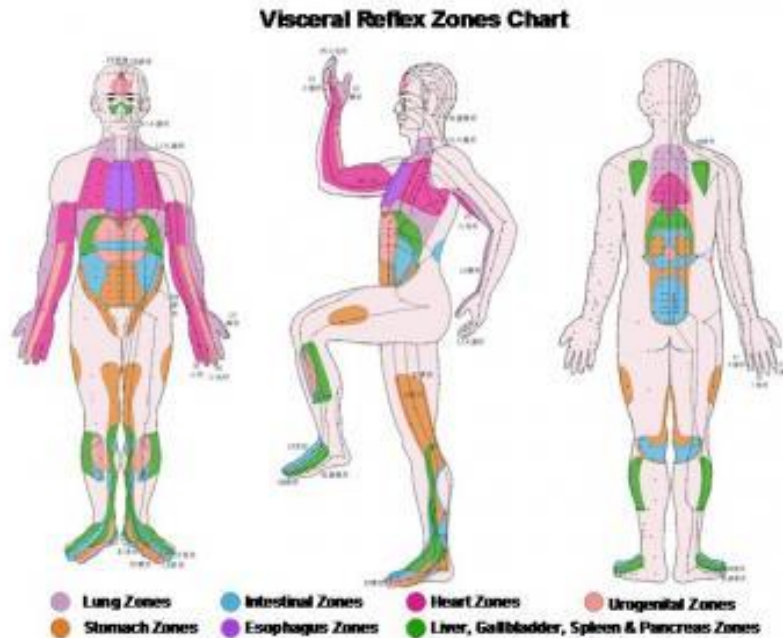
微信号: [guanyuanjinusa](https://www.guanyuanjinusa.com)

Email: [guanyuanjin@gmail.com](mailto:guanyuanjin@gmail.com)

金观源

发展与推广“反映点针灸”，是我们团队的奋斗目标，欢迎志同道合的针灸同仁加入我们的团队！

# Handy Chart Whole Body Reflex Zones

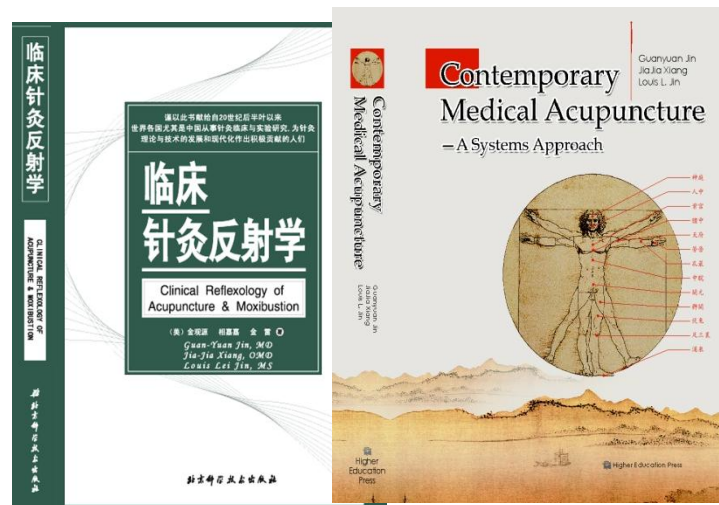


**Laminated Handy Reference  
Chart (8"x10")**

图文并茂的“针灸的艺术与科学”

# 【针灸疗效最佳化的临床对策】 系列讲座（工作室）

- 第一讲：反映点与反射区
- 第二讲：特殊针法与技巧
- 第三讲：提高疗效的对策
- 第四讲：躯体性抗炎镇痛
- 第五讲：内脏功能的调节
- 第六讲：神经损伤的康复



该书被誉为“为临床针灸学的发展与科学化填补了一个巨大的空白”、“无论在针灸医学的深度与广度上均堪称世界第一”、“古有曹公刘皇叔煮酒论英雄，现有针灸反射学临床驱病魔”。