

Tieh Ta Ke

Traditional Chinese
Traumatology and First Aid

Bob Flaws

Blue Poppy Press

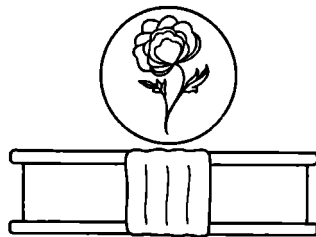
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Traditional Chinese Traumatology and First Aid

(Formerly Titled Hit Medicine)

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DEDICATION

This book is dedicated to the memory of Sun Si Miao. Sun, who lived from 590-682 CE, wrote PEI CHI CHIEN CHIN YAO FANG (PRECIOUS FORMULAE FOR EMERGENCY) and CHIEN CHIN I FANG (PRECIOUS SUPPLEMENTARY FORMULAE). His biography and writings have been a source of inspiration to me in both my life and practice. Perhaps it is Sun Si Miao's insistence on the importance of high medical ethics and altruism which is his most important legacy to the commercialized practice of medicine today. He wrote: "When patients come for treatment, we cannot discriminate them by their wealth or social rank, but should help them as our own family members ... (we) should treat them as ourselves."¹ And, "I consider the pain and misery of the patient to be my own."²

Secondly, Sun was one of the first and most important of the early famous Chinese doctors to advocate a combination of acupuncture and herbal therapy. "Those who apply either acupuncture or moxabustion alone are not brilliant physicians. This is especially true of those who apply either acu-moxibustion or drug therapy alone. A brilliant doctor masters both acu-moxibustion and drug therapy."³ Such an approach is likewise advocated in this book.



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The treatments suggested herein are presented for educational purposes only. Blue Poppy Press does not endorse or guarantee any of them. Readers interested in availing themselves of the benefits of Traditional Chinese Medicine should seek treatment from a qualified practitioner. State acupuncture associations can provide the names of reputable local practitioners or one can contact the National Commission for the Certification of Acupuncture, 50 Maple Street, Manhasset, N.Y.

PREFACE TO THE FIRST EDITION

Although sports medicine is a growing specialty in contemporary western medical practice, Chinese "Hit" Medicine, developed by and for professional martial artists over several centuries (if not thousands of years), is the repository of a number of techniques of remarkable efficacy which are also low cost and low in iatrogenic impact. By and large they are easy to learn, have few contraindications, and do not require elaborate apparatus or equipment. In addition, Chinese medicine has an important perspective on the long range effects of seemingly minor traumatic injuries which should be healed as speedily and completely as possible.

This volume is the second in a series on selected topics in Chinese medicine. It is a compendium of material abstracted from a number of English language sources plus the oral instruction of a number of Chinese teachers, and my own experience both as a martial arts practitioner and instructor and as a Chinese medical practitioner. It is not meant to be a definitive text on Chinese trauma treatment. Such texts do exist in the Chinese language but have yet to be translated into English. Until such texts are translated, it is my hope that this and similar booklets may help to relieve pain as cheaply and as simply as possible without deleterious side effects. It is particularly addressed to all American practitioners of Kung-fu and other martial arts who may be causing themselves and their students serious long-term harm through incomplete or faulty injury management.

Winter 1982

PREFACE TO THE SECOND EDITION

In the three years which have elapsed since first writing this book I have continued my Chinese medical education both in China and in America. During that time I have learned some new information and techniques germane to TIEH TA KE and have also gained considerably more clinical experience in this field. In addition many other fine books on Chinese Medicine have been published which have up-graded the level of scholarship and practice in this field in the West. In the meantime this book in its first crude edition has continually sold well to American practitioners with all its typos, errata, and imperfections. Therefore I have decided to issue this revised and improved edition. Not only is the format more commercially viable but many corrections and additions have been made. I hope that it is at least another three years before I am embarrassed by this edition as well.

I have also taken this opportunity to change the name of this book from Hit Medicine to Tieh Ta Ke. Originally I thought that American martial artists would constitute the largest audience for this work. However, this book has primarily been purchased by practitioners of acupuncture and Chinese medicine even as far away as Malaysia and the Philippines. Some potential readers may have been intimidated by the title Hit Medicine thinking that this book was somehow akin to such works as Black Medicine, a manual on taking like popular with mercenaries and survivalists. Clearly it is not. This book is intended both for the growing number of American practitioners of Oriental medicine and for the layperson interested in Oriental techniques for first aid and self-care.

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INTRODUCTION

There are a number of branches or specialties within Chinese medicine. For well over a thousand years we can see in the biographies of famous Chinese physicians the tendency to practice and write about certain fields within the vastness of medical science. Such specialties have and continue to include gynecology, pediatrics, infectious and contagious diseases, nutritional disorders, and the management of traumatic injuries. This specialty of traumatic injury management is known as TIEH TA Medicine. TIEH TA means "hit" or contusion. TIEH TA Medicine is therefore sometimes called in English Hit Medicine. Another name for this specialty is ZHENG GU which is usually translated as Othopedics but literally means Straight Bone.

A number of famous Chinese physicians have left medical classics on TIEH TA medicine. One of the earliest classics on Hit medicine is entitled LI SHANG XU DUAN MI FANG or SECRETS OF TREATING WOUNDS AND BONE-SETTING. It is also called XIAN SHOU LI SHANG XU DUAN MI FANG or SECRETS OF TREATING WOUNDS AND BONE-SETTING HANDED DOWN BY AN IMMORTAL. It was written by the Taoist Lin Dao Ren in about 846 A.D. Hit Medicine, however, became the special province and concern of the Chinese martial artists whose profession necessitated a certain amount of bruising as a consequence of training practices and as a natural consequence of their mode of life. Chinese martial artists made their living and supported their families by mercenary activities, by prize-fighting, and by entertaining. In all three instances, a speedy recovery was necessary to insure the family's sustenance in a culture devoid of Social Security. Therefore martial artists in particular sought for and developed this branch of medical lore and skill. Studying Hit Medicine was an integral part of the training of traditional kung-fu masters.

During the late 19th century in China, Zhang Zhidong, the famous "self-strengtheners" and reformer, postulated two principles to guide the acceptance or rejection of western imports. He divided foreign technology, learning, ideas, and concepts into two groups: TI or Principles and YONG or Practical Applications. Zhang felt that adoption of practical innovations and technology from the West would not harm or alter the fabric of Chinese culture as long as Chinese did not simultaneously adopt foreign principles antithetical to the fundamental assumptions of Confucianism, Buddhism, and Taoism. However as Zhang's critic Yan fu pointed out, "TI and Yong mean the same thing ... I have never heard that the left hand and the right hand can be considered respectively as fundamental principles and application."⁴ Yan Fu correctly saw that a culture's technology is the inseparable product and embodiment of its

inherent philosophy and world view. Now, one hundred years later, American and secular Chinese doctors are trying to add Chinese medical technology to western allopathy and vice versa without questioning the compatability of these two systems which are based on diametrically opposed views of reality. There are two dominant medical systems in the world today: western medicine, sometimes referred to as allopathy, and Chinese medicine. Western medicine is basically an expression of secular, materialistic humanism. It is the product and expression of contemporary western culture. It is rooted in the science that grew out of the Age of Reason which is a mechanistic world view. Most western medical practice is less than one hundred years old. Chinese medicine is the product and expression of the Three Paths of Chinese culture: Buddhism, Taoism, and Confucianism. It is basically holistic, cosmic, and spiritual. Most Chinese medical practice is over one thousand years old.

As many westerners begin to adopt a more oriental view of reality, many also have turned away from western medicine since it does not embody their new values and concerns. Others who see the limitations and failures of western medicine, for all its technical brilliance, are turning to Chinese medicine for answers. However if one simply adopts Chinese techniques and procedures but cannot or will not embrace the philosophy and world view embodied within these techniques, their use will be only superficial mummery. Fascination and facility with technique is both the fort   and the flaw of western culture. The full use and appreciation of Chinese medicine demands the acceptance of Chinese medical philosophy.

Sitting in my wife's parents' home writing this introduction I glance up to see a plaque on their kitchen wall. It is a label from an old American patent medicine. (My wife's grandfather had been a pharmacist in a rural midwestern town.) The label reads: Ramon's Tonic Regulator: A Specific Remedy for all Disease Arising from a Disordered or Torpid Liver (the last two words printed in bold face and caps). The label is perhaps 100 years old. Looking at this label I am struck by the fact that western medical practice prior to the meteoric rise of allopathy was remarkably similar to Chinese medicine. In Chinese medicine, Liver disorders often require the regulating or harmonizing method of treatment. This label, rather than naming the specific symptoms this formula treats, says simply that it will treat whatever symptoms arise from a Torpid (read Congested) Liver. This is an energetic description, not a mechanical one, and it is identical to a Traditional Chinese pattern of disharmony (BIAN ZHENG).

The point of this seeming digression is that the acceptance of Chinese medicine and its philosophy is not a slavish aping of a foreign culture. It is a return to a wisdom that is pan-cultural -- a return to the "perennial philosophy" as Aldous Huxley called it. It is a return to the unified world view of thought and deed, microcosm and macrocosm, Heaven and Earth. This view of reality is a directly experientiable fact for those willing to undergo certain trainings and disciplines. From the point of view of those who have attained this vision, the arguments and opinions of those who have not are like a group of blind persons defining the proverbial elephant. On the verge of the 21st century we stand on the edge of a global culture based on this perennial philosophy and it seems we either make this paradigm shift or perish by our refusal. This is not a dichotomy between western and oriental but between wisdom and illusion.

Traumatic injury management seems like a very unphilosophic and straight-

forward topic. And indeed the emphasis of this book is on technique. However, even here, or perhaps especially here, the reader is encouraged to enter the world of Chinese medical philosophy. The treatments contained herein will not make much sense unless one begins to think in Chinese energetic and philosophic terms. I have made no attempt to rationalize these treatments from the western medical point of view. I have used Chinese-style nomenclature and description under the assumption that Chinese and western medicine are two very different approaches based on different cosmological perspectives. It is my opinion that practitioners of Chinese medicine should become the best possible practitioners within their own system which has withstood the test of time and owns the allegiance of one quarter of the population of the globe.

But to be the best possible practitioner of Chinese medicine does not just require the memorization of facts and theories. Implicit in this system is the assumption that true health is a function of one's relationship with the cosmos. It is based on a religious point of view whether expressed in Buddhist, Taoist, or Confucian terminology. To be the best possible practitioner requires the student to aspire to the state of the Superior Person. It requires a development and refinement of the character. Chang Chung-ching clearly expresses this point of view in the opening paragraph of his classes, SHANG HAN LUN: "(Doctors) do little but vie for fame and power and delight themselves with improving their physical appearance while neglecting their spiritual development. If one has no skin, how can there be any hair?... One who fails to learn how to love both others and oneself is not unlike a homeless wandering spirit seeking transitory worldly pleasures."

CHAPTER ONE

THE THEORY OF INJURY MANAGEMENT

The cornerstone and foundation of Chinese medical practice is its theories which are a medical philosophy of health and disease unlike anything we have in western contemporary medical science. This theory or philosophy provides the rationale for diagnosis, treatment, and prognosis. It also provides the rationale for remedial, preventive, and "transcendental" care. It explains individual, familial, and societal health and explains the relationship or impact of any phenomenon on any other phenomenon. This theory is the basis of medical practice and also every other classical Oriental science and art including astrology, geomancy, government, military strategy and marital arts, flower arranging, gardening, etc. It is the theory of Chinese medicine which is its most important aspect -- an inexhaustible treasure to be mined by succeeding generations.

This body of theory is not a static fait accompli. Additions and refinements to this theory have been made as late as the eighteenth and nineteenth centuries by the founders of the WEN BING XUE (Warm Infectious Disease School) and the School of Seasonal Disease. There is, therefore, no reason not to expect further additions and refinements to Chinese medical theory in the future.

Before one can understand and apply the various techniques that go to make up the TIEH TA armamentarium, it is first necessary to understand the theory of injury in Chinese medical terms. Most traumatic injuries result in what is referred to as a BI or Obstruction syndrome. Excess mechanical energy, whether from an external source such as a punch or blow or from and internal stress such as torquing or twisting, breaks or disrupts the flow of Qi and Blood in the area of injury. In the case of most traumatic injuries, the excessive force ruptures the Blood vessels in the target area. This allows the Blood to flow interstitially as opposed to within its proper channels. The Blood extravasates and begins to stagnate due to lack of direction and the cohesion provided by the vessels. As the Blood stagnates, the Qi that pushes the Blood will also become obstructed and stagnate.

There are two basic types of Qi: Qi which flows mostly in the meridians such as YING QI and XUE QI, collectively referred to as CHING QI or Meridian Qi; and Qi which flows mostly through the interstitial spaces such as the WEI or Defensive Qi and the YUAN or Source Qi. As the extravasated Blood and Meridian Qi back up, this causes obstruction likewise to the interstitial or WEI QI. Also because of the obstruction of Qi and Blood in the

area, Liquid or SHUI also collects in the area. WEI QI is hot in nature and it is the accumulation of WEI QI that results in the localized inflammation. However it is the WEI QI and YUAN QI which are responsible in large measure for the repair of the damage. WEI QI is actually directed to the injury in greater proportion in order to mobilize the other energies which have pooled. If the energy flow can be re-established the various energies will sort themselves out. As long as they are just puddling they are like a herd of milling cattle, all confusion and inertia. As the proverb says, running water purifies itself.

The sooner the CHING QI, XUE and YING, is rechannelized, the sooner the WEI QI and YUAN QI and the Liquid can resume their normal and unimpeded flow, thus diminishing inflammation, local collection of heat, and pain, the pressure of backed up energy impinging upon structure. Chinese TIEH TA Medicine addresses itself to the speedy re-establishment of the flow of Qi and Blood and speeding up the flow of WEI QI and Liquid. The longer such obstruction is allowed to remain, the more damage will be sustained to tissue and function above and below the site of trauma along the various pathways of flow traversing the area. Tissues and functions above the injury will experience an excess of Qi and Blood due to damming and backing up. Tissues and function below the injury will experience a deficiency of Qi and Blood due to a with-holding of these energies. Above and below do not necessarily mean superior and inferior in anatomical parlance. They must be interpreted in terms of the direction of flow in the various meridians. Unfortunately this is complicated by the fact that each meridian carries different types of energy not all necessarily flowing in the same direction. (If so, radiation sensation from acupuncture would always be in one direction which it is not.)

Depending on the source of traumatic insult and its force, the obstruction may extend into various layers or energetic levels with consequent degrees of seriousness. We can delineate several energetic levels, any or all of which may experience obstruction. The most superficial is the superficial capillary bed or superficial LUO MAI. At the next level are the tendino-muscular meridians. Deeper still are the organ meridians and their corollaries, the longitudinal LO and the Divergent meridians. Continuing from the point of view of meridian flow, we next come to the Ancestral meridians which are like the Everglades within which the organ meridians flow like rivers. Even more deeper and more systemic are the Four Seas: Qi, Alimentation, Meridians, and Marrow. From a slightly different point of view, we can talk about obstruction in the skin, fat, muscles, tendons, and then the bones, remembering that the bones are intimately connected to the Kidneys, to sexual energy, and to the nervous system in Chinese medicine.

BI or Obstruction can be caused by various etiologies: wind, cold, damp, or heat. These etiologies can combine to form hot-wind, cold-damp, etc. Obstructions. Depending upon the energetic etiology, the treatment modality will change in principle and approach. In other words, for a Damp Obstruction, therapy and medication must in principle act to seep or drain the damp and remove Obstruction. A Cold Obstruction needs a hot antidote and vice versa. Chapter 74 of the NEI CHING SU WEN states: "In treating various kinds of victorious and revengeful energies, a cold disease should be heated up, a hot disease should be made cold, a warm disease should be cooled down, a cool disease should be warmed up, a dispersing disease should be constricted, an inhibiting disease should be dispersed ... each energy should be made secure and the

patient should remain clear and quiet, so that the energy of disease will be in decline, and the six energies will return to their respective residence; such are the outlines of treatment." 7

As we will see in the next chapter on cupping, most traumatic injuries initially cause a Hot Obstruction. However the Obstruction is only initially Hot. After this first accumulation of Hot Qi disperses, the obstructed area will have less vital energy rather than more. Hot Obstruction gives way to Damp and Cold if healing is delayed and the situation becomes chronic. Should the wrong energetic intervention be applied to a misdiagnosed etiology, the result will be similar to pouring gasoline on a fire.

CHAPTER TWO

CUPPING

Every student of the martial arts, no matter what style --- hard, soft, internal, or external -- is going to get hit now and again. This may happen while sparring, in tournaments, or by accident in training drills. Most American practitioners accept these hard knocks as part of the arts and often do no more to care for their after-effects than the typical ice-pack, bandaid, and disinfectant. If nothing has been broken -- skin, connective tissue, or bone -- many players pay no further attention to such bruises and contusions and indeed may proudly display them. However in Chinese medicine there is one whole branch or specialty called TIEH TA Medicine which is devoted to the care and handling of hits and falls and formed as much a part of the kung-fu practitioner's training as punches and throws.

One of the most commonly used therapeutic techniques in the practice of TIEH TA Medicine is Cupping. Cupping is the creation of suction over an area or point by any of a number of means. In Chinese this therapy is called BA HUO GUAN. It is simple to master, requires no special equipment, and is both safe and effective. In the East it is practiced by street-corner specialists who treat the full spectrum of disease by this method and its variations. It is part of the common folk knowledge of most rural families and is also widely practiced by Barefoot Doctors. Classically, descriptions of Cupping are contained in the following books: HANDY PRESCRIPTIONS FOR EMERGENCIES by Ko Hung, WAI TAI MI YAO (SECRET MEASURES WRITTEN AT THE OUT-MINISTRY) by Wang Tao, SU SHEN LIANG FANG (EFFICACIOUS PRESCRIPTIONS OF SU SHEN), and in WAI KO CHENG TSUNG (THE ORTHODOX SURGERY). 8

In order to understand how and why cupping works, it is necessary to return to the Chinese theory of traumatic injury. Most martial artists are familiar with the word Qi which means energy. In Chinese medicine all the functions and activities of the world at large and of our bodyminds in microcosm are simply the ebb and flow of various types of Qi. For the bodymind to be in health, the right types of Qi must be flowing through the right channels at the right times and in the right amounts. If there is any irregularity or imbalance, the result will be first impaired function, and secondly, tissue degeneration. This becomes a vicious cycle with impaired function causing tissue degeneration which therefore causes further impaired function on and on until eventual system collapse and even death.

On an energetic level, the body is composed of a network of subtle channels over which the various types of Qi travel on their appointed rounds. Most readers will probably be familiar with the Twelve Organ Meridians. What they may not realize is that these are only the main trunk lines, similar to the veins and arteries of the body, and that there are innumerable smaller vessels criss-crossing the body in an unbroken and circuitous web just like the venous circulatory system. And like the circulatory system, the Qi-flow system comes to the surface of the body in a capillary mesh. This is the first line of defense of the body and the first avenue of entry for an in-coming Evil Qi. Although traumatic injury is listed as a Miscellaneous cause of disease, along with animal bites, burns, etc., from an energetic point of view the mechanical force causing injury can be seen as a species of Evil Qi. This Qi can not be described as being Hot or Cold, just as electricity is neither Hot nor Cold. It is mechanical Qi in the sense of physical force.

If the WEI QI is not strong enough at the particular point of contact, the Evil Qi enters this outer layer of the miniscule meridians. At this point the disease or injury is not serious and it can be easily expelled again from the body either by marshalling increased quantities of the body's own WEI QI or pulling the perverse Qi from the body. The use of hot and cold applications and moxa are treatment modalities which seek to cancel out one perverse energy with an equal amount of its opposite similar to negating and acid with a base. Cupping on the other hand is an example of pulling a perverse energy directly out of the body.

If this perverse Qi is left in the capillary meridians and the body cannot or does not combat it with sufficient WEI QI it will eventually work its way into the next larger and deeper layer. Eventually it will reach the Twelve Organ Meridians and from there may attack the Six Yang Bowels and ultimately the Five Yin Organs. This of course is very dangerous and at this point the disease has become potentially life-threatening. Depending upon the power of the in-coming perverse Qi it may skip various stages in this scenario as it penetrates to deeper and deeper energetic layers. The gradual progression of an Invading Evil Qi is usually restricted to the invasion of one of the six cosmopathogenic Qi (Wind, Hot, Cold, Dampness, Dryness, and Fire). Mechanical Qi "invading" the body generally reaches its "depth" immediately. Over a period of time, obstruction at such a level may effect deeper flows of Qi and Blood but it is not proper to say this energy has "invaded" deeper layers.

This progressive scenario at first may not seem to have much to do with a simple hit or contusion. However, mechanical force is a species of Qi and it does "invade" the body in the sense that if the WEI QI is very strong the body is impervious to assault. Such a supranormal development of WEI QI is possible through QIGONG and NEIGONG. One example is the discipline and accomplishment of Iron Shirt. Although traumatic injuries are classed as Miscellaneous causes of disease, along with insect, snake and animal bites, drowning, electric shock, etc., still their correct treatment with Chinese medicine depends on their being seen from an energetic point of view. It is my experience and the point of view of Chinese medicine, that unattended bruises form hard lumps underneath the skin. These may go unnoticed but they are palpable to the practiced touch. They may be round bumps or lumps, or they may be flat, leatheray, or squamous patches. From the western point of view, such bumps are the result of increased connective tissue build-up or fibrosis in the area, localized water retention or edema, or waste materials such as blood clots which have yet to be broken down and eliminated. From

the Chinese point of view, all such bumps and lumps are Stagnations of either QI or XUE (usually translated as Blood but referring to it energetically more than just the red liquid with which we are familiar).

In any case, they are an anomaly which denotes less than perfect energy flow in the area. If such stagnations are found on any one of the major meridians it is all the more important that they be eliminated. At the least they impede the flow of Qi which to the martial artist translates at lost power in punches and kicks. At worst, unattended and unresolved injuries could result in a blood clot travelling to either the heart, lungs, or brain causing paralysis or death. Although this is the most extreme and infrequent eventuality, it has happened to a few American martial artists in the past several years and so it is a real enough threat that it should be guarded against. In the long run, even a very minor scar, adhesion, or fibrotic lesion on a meridian or acupuncture point will create a constant drag on the energy of that meridian day in and out year after year. This may over a period of years effect the function of the associated organ and transform into a serious metabolic disease. Therefore it is better to be safe than sorry.

The technique of Cupping is very simple. It consists of lighting a combustible material in a container with only one end open and then pressing the open end over the area to be treated. This results in the flame consuming the trapped oxygen thus forming a vacuum. This vacuum sucks up the skin in the enclosed area and exerts a strong drawing power on the Qi and Blood of the area. However, although the basic technique is simplicity itself, the application to oneself or another requires some planning, timing, and dexterity. The idea is to create the desired suction without burning oneself. If you take a combustible material, light it, and drop it into a glass or cup or similar container, and then turn it over on top of your skin, it is very likely that you will get burnt before the oxygen is consumed and the fire goes out. There are a number of ways to avoid this.

The first is to make a platform on the skin directly over the spot you wish to treat. This platform or trivet should be non-combustible and should not conduct heat too readily. I often use a bottle cap into which I have put crumpled aluminum foil in the center of which I shape a small depression. You then place your combustible fuel on top of this trivet, light it, and place the cup over it with enough pressure to make a firm seal with the skin. For fuel I use a cotton ball soaked in alcohol. While lighting this cotton, hold the cup's open end just above and to the side of the trivet. As soon as the cotton is lit, the cup should be pressed over the trivet. Everything should be ready at hand and there should be coordination between the two hands. The cotton ball should be allowed to burn on the trivet as short a time as possible once it has been lit.

If you are Cupping an area which is perpendicular to the line of gravity, you can do without the trivet. Soak a cotton ball in a small bit of alcohol and put it inside the cup resting on the bottom side. Bring the opening of the cup close to the area to be treated with one hand and light the cotton with the other. Immediately press the opening onto the skin with speed and dexterity but not with so much force that the lit cotton is jarred onto the skin. Remember that you do not want the cup to get too hot before or as you are applying it. So don't use too much alcohol or let it burn too long. All that is necessary is for it to burn just enough to combust all the oxygen in the cup.

Two other methods bear mentioning. The first is for use with a flat-bottomed cup such as a babyfood jar (which by the way make excellent cups). Press a layer of cotton into the bottom of the jar so that it fits snugly and will not fall out. In this method it is not necessary to use any alcohol. Light the cotton and immediately apply the cup to the desired area. This method can be used either in the line of gravity or horizontal to it. The second method is used mostly with round-bottomed cups and it is very "elegant" but does require some care. Take a small bit of alcohol and swish it around the inside of the cup thus coating the bottom and the walls with a thin film of fuel. Be sure that there is no excess alcohol to drip off the edges. I usually wipe the inside rim of the cup with a dry piece of cotton to be sure that no alcohol touches the skin. Light this film and immediately press to the skin. If you have done it correctly you will not have caused a burn. In Asia, folk practitioners and paramedics are not so fastidious about avoiding even a small sting. But to most Americans this is a strange and exotic therapy and therefore there will be some skepticism and fear. Because of this, it is necessary for you cupping technique to be absolutely painless and professional.

Almost any container with one open end can be used for Cupping. In the East, sections of bamboo are very popular and these are sold commercially in Chinese pharmacies in Chinatowns in this country. However, it is best if you can see through the cup so that you can determine the degree of suction obtained and the amount of local reddening. This tells you how long the treatment should last. Therefore clear glass cups are the best. Again, there are fancy spherical cups in various sizes with Chinese characters on them available commercially, but it is not necessary to go to that trouble and expense. Shot glasses, small jars, and babyfood containers will work well. You should have a selection of different sizes on hand to treat different sized areas and problems. This could range from a small test-tube to cup a single acupuncture point up to a large jar for buttocks, back, or abdomen. Some traditional kung-fu artists have glass cups blown especially to fit their various joints and body parts. There are also cups with squeeze bulbs and pumps which do not require the use of combustion to obtain suction. In my opinion these are all unnecessary frills.

There are two common difficulties encountered when trying to get a good suction. Most western males have varying amounts of body hair. When trying to cup over hair, the hair lets a small amount of fresh air seep in, thus breaking the seal or suction. This can be remedied by dabbing a layer of vaseline all around the lip of the cup. This will result in an air-tight seal. Another problem arises when trying to cup along the edge of a bone such as the shin, an area which is very susceptible to the formation of lumps and bumps. When trying to cup over the edge of a bone or other protrusion, take some dough and form it into a wall, thus building up the missing edge so that a seal can be obtained. This dough should be slightly wet for best results. This technique is very useful for cupping areas otherwise unable to treat.

There are five variations of this therapy to meet the specific requirements of each situation and patient. The first is called Continuous Cupping. This is when one cup is left in place continuously for a period of time. In general, when using a large diameter cup, it should not be left for more than fifteen minutes. A small cup may be left in place for up to twenty-five minutes. In Continuous Cupping it is not uncommon to break some surface capillaries leaving a red blemish or bruise. Depending upon the condition of the patient's

skin and the intensity of the treatment, this mark may last as much as a week or more. Patients should be forewarned of this possibility and asked if they bruise easily. If the patient is concerned about such a blemish, one of the following variations can be substituted.

Repetitive Cupping, SHAN GUAN, is the repeated application and removal of a cup to the same spot several times during one treatment. Usually the cup is left in place for thirty seconds or so and then removed. It is applied again and the procedure is repeated around a dozen times. This treatment is very good for old people, people who are constitutionally weak, or those who have suffered from a chronic debilitating ailment for some time. This variation is also very effective for dealing with local numbness and when the patient does not want the typical cupping blemish.

Sliding Cupping, TUI GUAN, is a method for covering a large area with a small cup, pulling Qi to or from a specific area, for bringing Excesses to the surface, and for dispersing Blood Stagnation. In order to perform Sliding Cupping, first cover the area with a small amount of vegetable or massage oil. Cup over this film achieving a moderate amount of suction. If during this or any cupping procedure too much suction has been obtained with the attendant possibility of causing a more severe blemish, it is possible to let a little air into the cup without starting all over again. Simply press down on the skin on one edge of the cup letting just a little air in under the edge. To slide the cup, use one hand to put a little tension on the skin behind the cup opposite to the direction in which you intend to slide. Move the cup slowly forward either in short stages or in one continuous motion. This takes a little practice but is not difficult to master.

If you are trying to bring Qi to an area in which there is not enough, such as a weak, paralyzed, atrophied, or withered limb, slide the cup slowly from proximal to distal or centrifugally. In other words, bring the Qi from the trunk to the extremities. To disperse excess Qi, work out from the center of the injury in all directions by especially working from the site even further out to the extremities. This technique is very good for bruises, hematomas, swellings, and for reducing fevers which are a result of an acute External Excess in the superficial energy layers.

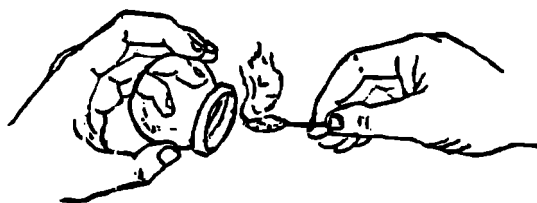
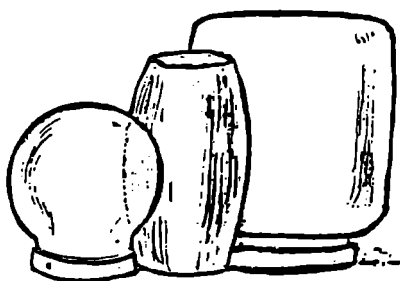
The next technique is **Multiple Cupping**. This is the application of more than one cup on the person at the same time. This is useful when there are multiple bruises and also when there is extreme muscle tension which is localized chronically over certain well-defined spots, i.e. AH-SI Points. Western medicine refers to such points as Trigger Points. In my experience, such Trigger Points are usually found over certain acupuncture points and this tension is the result of one or another Internal Organ syndrome. On a symptomatic level, daily or alternate day cupping treatments can greatly reduce this pain from muscular tension but for a more radical cure rebalancing of the internal metabolism is required. Multiple cupping can also be used in the stimulation of specific acupuncture points combined together in formulae for the treatment of systemic disease as well as local trauma.

The last technique is called **Combination Cupping**. This is the use of Cupping along with one or more of the other treatment modalities of classical Chinese medicine. Cupping can be used in conjunction with acupuncture, moxabustion, seven star hammer, bleeding, and herbal preparations. Examples of this type of multimodal approach will be given in the case history section.

Like most of the Barefoot Doctor therapies there are not too many contrain-

dications in the use of Cupping. It is not advised to use Cupping in seriously Deficient patients. This includes the aged, debilitated, etc. Cupping is basically a dispersal or reduction technique. It pulls energy out of the body. When applied with light suction or for a short period of time, Cupping may be used to pull energy to a point or area and in effect tonify it, but for the most part Cupping is a dispersal technique. When applied with strong stimulation for prolonged periods of time, it can reduce the total quantity of Qi in the organism. Cupping should also not be used during a very high fever or convulsions when the erratic movements of the patient may inadvertently break the cup and cause lacerations. It should also not be used in the presence of skin diseases such as eczema, psoriasis, or contact dermatitis. It should not be applied over the Heart or the nipples. And it should not be used on pregnant women unless you know the various rules of Chinese medicine regarding their treatment.

When removing cups, press first at one edge while holding the cup with the other hand in order to let air leak in and break the suction. Cups should never be pulled off the skin without previously negating their vacuum. If a cup has been left in place too long and a blister has been raised, it is advisable to break the blister with a bleeding or triangular needle and then dress the blister to avoid infection.



CHAPTER THREE

SEVEN STAR HAMMER

Seven Star Hammer sounds like an esoteric weapons technique from a Northern Praying Mantis school. But in terms of Chinese medicine it is a simple and safe way to deal with sprains, strains, bruises, and contusions as well as a number of other acute and chronic diseases. It is also a very good way for the beginner to start treating individual acupuncture points without having to worry unduely about the consequences of improper needle insertion.

Seven Stars is the Chinese name for the Big Dipper, but here it refers to seven small needles imbedded on the head of a small hammer. This hammer is also called a Plum Blossom Needle (MEI HUA ZHEN), if there are only five needles or Dermal Needles (PI FU ZHEN) in texts written from a western medical perspective. The use of the Seven Star Hammer is very popular amongst Chinese martial artists, Barefoot Doctors, and traditionally oriented individuals. Some acupuncture specialists discount its use as being less effective than the more flashy needles. However Seven Star Hammer has its specific uses for which it is very effective. Acupuncture is perhaps a stronger, more shocking therapy and certain cases call for a gentler and "softer" treatment. In the Peoples Republic of China, this therapy has proven itself clinically effective enough to warrant the publication of a book outlining treatment formulae for a wide variety of diseases using this as the sole treatment mode.

From my own experience the use of the Seven Star Hammer is very effective in certain situations: in the treatment of children and the aged, for home use by the patient between scheduled office visits, and in the treatment of soft tissue problems of the joints. According to Chinese medical theory, the organs and meridians of children are as yet immature and the use of needles is in most cases not advised. Likewise it is not advised to needle the aged or chronically weakened. Acupuncture, if injudiciously applied, may actually deplete what is left of the Qi rather than set it right. For use on strains, sprains, and bruises on and around the joints, Seven Star Hammer is remarkably effective both by itself and in conjunction with other therapies.

According to some practitioners of Chinese medicine, all disease, whether Internal or External, is the result of the disharmonious flow of Qi. Therefore all the various treatment modalities of Chinese medicine have only one functions: to one, tonify Deficiencies of Qi, and two, to disperse Excesses of Qi. Both of these two basic functions can be performed through the use of the Seven Star Hammer. These two functions are achieved through the varying

intensity of the tapping and its duration.

Basically there are two strengths of stimulations: strong and light. Strong stimulation means tapping with the hammer with sufficient force to break the skin and cause small, pin-prick bleeding. This is a dispersal technique and is used on areas which are excessively Hot or Yang or in which there is too much Blood. In conditions such as a sprain which results in swelling, edema, acute pain, and inflammation, strong tapping with perforation of the skin releases the Hot perverse or Evil Qi, removes some of the extravasated Blood and Liquid, and promotes fresh circulation in the area. Strong stimulation is also used on fleshy areas of the body where the skin is thick and there is a good layer of subdermal fat beneath such as the back and hips. Strong tapping is also used on strong, muscular people whose immediate condition and basic constitution are both Yang.

Light stimulation is accomplished by light, rapid tapping taking care not to break the skin. This will result in the treated area becoming very red from the increase of Qi and Blood in the area but without any bleeding. This is used on areas in which there is a Deficiency of Qi and/or Blood, a Yin condition, or Cold and/or Wet External perverse Qi. It is also used on areas where the skin is thin and under which a bone is prominent such as the skull and the tips of the joints. Light stimulation is also employed with weak, aged, or very Yin people.

The beginner might find it paradoxical that strong stimulation sedates and that light stimulation tonifies. As westerners we are accustomed to thinking that more is better. The idea that strong stimulation results in sedation is founded on one of the Twelve Theories of Universal Order based on Yin and Yang as set down by the Emperor Fu Hsi: "Extreme Yin produces Yang. Extreme Yang produces Yin." This is the same principle at work in a changing line of a I CHING hexagram. In the same way, sedation is also accomplished by a treatment of long duration and tonification by a treatment of short duration.

In conjunction with these two qualities of stimulation there are four basic techniques: Strip tapping, Ring tapping, Cross tapping, and Point tapping. Strip tapping means to tap in strips or rows longitudinally. It is primarily used on the back in conjunction with the points on the Bladder meridian and also with a group of non-meridian points called HUATO JIA-JI points.

Ring tapping means to tap in a circular fashion around a joint. This is an excellent therapy for all joint problems including arthritis and rheumatism. Begin tapping around the joint at its outer edges and gradually work in closer to the center of the joint. In chronic ailments such as arthritis and rheumatism which are mostly Yin, Cold, Wet, or Deficiency syndromes, the tapping should be light, rapid, and of short duration. The intention is to tonify the Qi and Blood in the immediate area. Tap until red but do not draw blood. It is important to tap every day on a regular basis. Chronic problems have taken a long time to develop and will take some time to heal as well.

For acute problems such as strains, sprains, and even dislocations, the intention should be to disperse. Therefore Ring tapping should be done with strong stimulation definitely drawing blood and for a longer period of time. In a sprain you will find one point that is the epicenter of pain. This is called the AH-SI Point. Be sure to make this point bleed. In fact, the best treatment is to lance this point with a Triangular or Prismatic Needle. A small scalpel will also do. Whether you lance this point or simply Seven Star it, the first blood that comes out will be dark, almost black. It

will have a thick, viscous quality to it. This is Stagnant Blood. As you continue to tap, the blood will begin to flow bright red. It will have an alive and healthy look. When you have obtained this fresh red blood the treatment is complete for that session. This treatment should be repeated, usually without further lancing, for the next few days and rapid results will be achieved.

Transverse or Cross Tapping means to tap in the transverse plane of the body or left to right and vice versa. It is used in treating Herpes zoster or shingles occurring in the intercostal spaces. In this case, tap all along the space between the ribs in which the lesions present even tapping directly over the lesions themselves. Transverse tapping is also used in cases of Low Back Pain.

Point Tapping means to tap directly on a specific acupuncture point or points. Tapping acupuncture points with a Seven Star Hammer will produce a more potent stimulation than simple finger pressure but less than acupuncture or moxabustion. Since the five or seven needles on the head of the hammer cover an area about half inch in diameter, one's point location does not have to be as exact as with a needle. This is a very good way for beginners to start using specific acupuncture points without having to worry about hitting arteries or nerves or causing some other serious mishap. In many acupuncture books formulae are given for the treatment of numerous diseases through the use of this type of Point tapping. Usually these formulae vary somewhat from standard acupuncture formulae for the same syndromes since certain points are more amenable to Seven Star Hammer than others.

In the one available English-language text on Seven Star Hammer and when I learned this technique from my teacher, there were no mentions of contraindications to this treatment modality. It is that safe. However, there is one important thing to consider in its use, namely antisepsis. Because it is possible to transmit bacteria and viruses through the use of these dermal needles it is very important that: 1) the skin be cleaned with alcohol or other disinfectant, and 2) that the head of the hammer be disinfected or even better sterilized after each treatment. This should be routine procedure whether you intend to break the skin or not and becomes even more important when treating or having treated patients with Herpes, hepatitis, viral infections, and other communicable diseases.

The Seven Star Hammer is often used in conjunction with other treatment modes. By the ancient Chinese it was used as a way to introduce herbal medications subdermally without our modern hypodermic needles. This still is a use of the Seven Star Hammer in Hit Medicine to this day. There are a number of herbal liniments and oils which are used in traumatic injury management. The active ingredients of these liniments must diffuse through the skin. Since the skin is designed to keep foreign matter out, only a portion of his medicine gets to the affected area. By first Seven Star hammering the area, increased blood is brought to the surface. Even if one does not break the skin, this capillary dilation will result in more medicine being absorbed. This can be increased even more if one does break the skin a bit, applies the medicine, cups the area and then finished up with some indirect moxabustion. The combination of Seven Star, herbal medicine, and Cupping forms a basic and very potent treatment plan for the care of almost all bruises, contusions, sprains, and strains. However one must be careful to use only those TIEH TA medications which do not forbid internal use. Some

TIEH TA liniments are for external use only and are poisonous if taken internally and therefore should not be used in conjunction with any open wound.

Seven Star Hammers are available from acupuncture supply companies. Store-bought dermal hammers are usually made out of either plastic or stainless steel and range in price from six to fifteen dollars. The one advantage of the stainless steel hammers is that they can be autoclaved which the plastic ones cannot. However, Seven Star Hammers have been made for centuries by peasant families. One easy method is to push a number of straight pins through a small cork. Epoxy a penny to the back of the cork so that the needles cannot be forced back out again and also to give the hammer a little weight. Hollow out a small hole on one side of the cork just large enough to push in the head of a chopstick. Epoxy this into place. Then wrap the neck of the stick and the attached cork with sewing thread as if attaching an arrowhead. Finally epoxy this wrapping. The finished product may not be elegant but it will have cost less than a dollar and taken only a few minutes to make. I often make up several of these in my spare time to give my patients who need a Seven Star Hammer to continue their therapy at home. Also commercially available are roller drums studded with small needles for a dermal needling large or broad areas. These are designed for clinical use and the dermal needling technique itself is more appropriate for home use. So in my opinion these drums are an unnecessary expense.

When tapping with your hammer, be sure to hold it at the end of the shaft thus allowing the mechanical leverage of the hammer to do the work. The motion should be generated in the wrist in a loose and snappy motion. In the treatment of traumatic injuries to the soft tissue, tap with strong stimulation around the affected joint and particularly the points of pain or AH-SI Points. Tapping should be vigorous enough to break the skin. Then cup the affected area drawing even more blood from it. Clean the area to prevent infection. Many TIEH TA liniments are also disinfectants. In acute situations, treat daily. Gradually taper off and diminish treatment as the injury responds.

CHAPTER FOUR

MOXABUSTION

The elderly Sifu took off his high-necked jacket to demonstrate an esoteric breath exercise. But the first thing that caught my eye were the enormous dime-sized scars up and down his back and on his arms. If I had not been a student of traditional Chinese medicine, I might have thought these were the remnants of torture received during World War II. But immediately I recognized these scars as the left-overs of a form of therapy which comprises fully half of what we know as acupuncture, although today it is usually administered without this kind of scarring. This ancient therapy is known in the West as Moxabustion or simply Moxa.

In Chinese what we call acupuncture is made up of two words: ZHEN JIU. ZHEN means needle and refers to the insertion of slim needles into the various acupuncture points. But JIU means fire or to burn. JIU refers to the burning of a special herb or herbs on, over, or under these same acupuncture points. The Japanese word for this herb is MOXA and therefore this form of treatment has come to be known as Moxabustion. In Chinese this therapy is called JIU FA. Like Cupping and Seven Star Hammer, Moxabustion is not only part of the repertoire of the highly trained and skilled Chinese physician, but it is also a favorite Barefoot Doctor technique and is widely practiced amongst the peasantry of Far East Asian countries and especially amongst the practitioners of Kung-fu.

Because Moxa does not entail inserting a foreign object into the body, it is quite safe for the beginning practitioner to learn. It is an appropriate next step after having mastered Seven Star Hammer and Cupping. However, Moxa is therapeutically a level above these preceding two therapies, ranking on a par with the insertion of needles in terms of strength. In general Moxa can be used to treat any and all diseases which are described as energetically being Cold, Yin, Deficiency, or Blood diseases, whether chronic or acute, internally or externally produced. Therefore Moxa can theoretically be used in the treatment of half of all disease as described by classical Chinese medicine.

To understand the use of Moxa it is easiest to begin by contrasting it to the use of needles. Through the use of acupuncture one can easily and effectively direct the energy in one part of the body to another part. In general, when there is an Excess of Qi in one area, one inserts needles in the appropriate points and in the correct way to lead this Excess to an area where

the Qi is Deficient. Thus Excesses are dispersed and Deficiencies are tonified. However, through the use of needles alone it is impossible to add any new Qi to the body directly. One can only lead Qi which is already in the body and direct the body to catalyze the production of more energy. The needles act as a conductor for the Qi but just as with any electrical system, the energy or juice is not generated by the wires.

However, through the burning of Moxa on, over, or under acupuncture points one can actually introduce more energy of Qi into the system in the form of heat and also in the form of subtle herbal energy. Therefore it is possible to achieve a type of therapeutic intervention with Moxa that is not possible with acupuncture alone.

In modern clinical practice, both in the East and especially here in the West, Moxa is probably not used as often as it once was. This is because it takes more time, more attention, and is messier than using needles. Many modern practitioners do not use Moxa because the herb smells like marijuana and because they are afraid that their patients might misconstrue this smell. Others fear westerners will view the use of Moxa as ignorant superstition or are concerned about the physical discomfort Moxa sometimes entails. Still others prefer the use of needles because it is more prestigious and seemingly technically complex. Even given these drawbacks, however, Moxa is an important part of Chinese medical practice and its use should not be forgotten or discontinued. This is especially so since this therapy lends itself very well to the patient's own administration at home.

The herb which is used in Moxabustion is *ARTEMISIA VULGARIS SINENSIS* or Common Chinese Mugwort. A cousin of this herb grows wild here in America and is known as Woman's Sage. This is distinct from both Culinary Sage and from Sagebrush. I have found and gathered this herb in the mountains around Boulder, CO. The herb is gathered at the height of summer. The leaves are stripped from the stems and are set out to dry in the sun for from three to seven days until they turn from a light grey-green to a greenish golden. Then they are placed in a cloth bag and pounded with a mallet until they become fine and fluffy like a mass of wool. This fluffy mass can then be used as is and is called Moxa Punk (AI RENG) or it is wrapped in paper in long rolls resembling cigars. These are called Moxa Rolls or Sticks. Chinese herbalists often add other herbs to the Moxa to increase its healing properties in specific ways. Some of the herbs that may be mixed with Moxa are Cinnamon, dried Ginger, Cloves, Sichuan pepper, Realgar, Myrrh, Frankincense, Asarum, Saussurea, and two different species of Angelica. The herbal properties of Moxa (Chinese name AI) are described as: "bitter and acrid, producing warmth when used in small amounts and strong heat when used in large amounts. Its nature is pure Yang and can thus restore weakened Yang. It opens the twelve Primary channels, courses through the three Yin, regulates the Qi and Blood, expels Cold and Dampness, warms the Uterus ... When burned it penetrates all the channels eliminating the hundred diseases."⁹ Unlike most western herbs, the longer Moxa is aged the more potent it becomes. However it should be kept dry and may be periodically exposed to the sun. Both Moxa Punk and Moxa Rolls are available in all Chinese pharmacies. Moxa sticks come in boxes of ten and are sold in three grades: Pure Mild Moxa, TAI-I¹⁰ and NIEN-YING.

There are two basic techniques in the use of Moxa: Direct and Indirect. Direct Moxa (ZHI JIE JIU) is the burning of a small amount of the Moxa herb directly on the skin at the selected point. The classical and very elegant method is to take a pinch of Moxa Punk between the thumb and fore-finger

and roll it into a tight little ball about the size of a pea or mung bean. This is called a Moxa cone (AI ZHU JIU) and treatment formulae directing the use of Direct Moxa specify how many of these cones to burn on which indicated points. One places this little ball of Moxa with thumb and forefinger on the bare skin above the point at the same time holding a lit taper of incense between the middle and ring fingers of the same hand. The incense is used to light the Moxa cone which is allowed to burn down to the patient's skin. Then the pinky finger of the same hand is used to flatten the ash of the spent cone, thus making a platform for the next cone to burn on. This ash prevents the subsequent cones from making too big a burn on the skin. The pinky is used to tamp the ash to protect the other fingers used in pulse diagnosis from accidental burn. A less heroic version of Direct Moxa entails flicking the lit cone off the point as the patient reports the heat becoming intense. Although the Moxa cone is placed on the skin directly, the intention in this variation is not to cause a burn.

Although this is a very elegant and traditional method, it is not necessary to light the Moxa with an incense stick. Matches are an acceptable modern substitute. However, since Direct Moxa does result in a small second degree burn, its use is not recommended in this country. For one, there is the pain. Two there is the danger of later infection. Three, the same results can usually be achieved with Indirect Moxa. And four, this technique will often leave a small scar which is both cosmetically deforming and which "hides" the acupuncture point for later needle insertion. One of my teachers, Michael Broffman, says that scarring caused by Direct Moxa can "ruin" a point. Another of my teachers, Alex Tiberi, says that you can still find the point by pulling the scar to one side. A third of my teachers, Dr. Eric Hsi-Yu Tao, says "Why do it?" and that is also my opinion.¹¹ The only time that Direct Moxa is warranted is in a First Aid situation where very strong, immediate, and direct stimulation is necessary and subsequent infection or cosmetic disfigurement is of little importance. Even amongst Orientals, Direct Moxa is favored primarily by groups living at high altitudes or northern climes such as the Tibetans, Mongolians, Koreans, and Manchurians. It is an extreme technique and therefore should only be used in extreme situations. If possible it is always advisable to cover any point treated by Direct Moxa with a burn ointment such as Ching Wan Burn Ointment or with Aloe Vera or a Comfrey ointment available at most American health food stores.

There are nine basic Indirect Moxa (JIAN JIE JIU) techniques and it is these that are primarily in use today. The first is to burn the Moxa cone on a slice of fresh ginger placed above the point. In Chinese this technique is called GE JIANG JIU. In this technique, a larger amount of Moxa is made into a mound and placed on the gingerroot. There are two slightly different variations of this technique. The first is to use a very thin slice of ginger and the second is to cut a thicker slice and to poke several holes through this thicker slice. In either case one lights the Moxa on top of the ginger and lets it burn down. At a certain point, the sensation of heat will turn into the sensation of searing. So as not to run into the same complications as with Direct Moxa, it is important that the patient or the therapist lift the piece of ginger off the skin before this sensation of searing begins or else it will result in a burn. The practitioner can raise and lower the slice to the skin to create as intense and steady a heat as possible without burning. When all the Moxa has combusted and the cone has ceased smoking, the ash can be dumped in an ashtray and a second cone put in place. Since the

basic intention of almost all Moxa is to tonify and since tonification is usually accomplished through treatments of short duration, the length of time for treating a single point with this technique should be from five to seven minutes. This should result in the area beneath the ginger to become hot to the touch and red in color.

Because of the herbal properties of ginger which are activated by the heat of the Moxa burning upon it, this technique is excellent in increasing the local blood supply and also in improving the general quality of the blood itself. Research has shown that Moxa in general raises both the Red and White Blood Cell count significantly. Coupled with the Blood-tonifying properties of the ginger, this effect is further increased. The Moxa herb burning on top of the ginger drives the herbal essence of both into the point as a highly potentiated essence. This first indirect Moxa technique is good for tonifying any of the Associated Points along the Bladder meridian on the back. It is also excellent for use on St 36 and LI 10 as a general tonic for longevity. Another such longevity formula is to Moxa St 36 and Bl 38 (GUO HUANG SHU) for a couple of days at the turn of each season. It is also recommended for pain and soreness in the joints and Deficient Cold conditions in general.

The second indirect use of Moxa is to spread a thin layer of Miso or fermented bean paste over the point or area upon which a cone or cones of Moxa are then burned. This is almost always used only on the abdomen and is a treatment in Japan for Deficiency problems of the digestive system. The third technique, GE YAN JIN, is likewise to improve digestion but is used more commonly. In this technique, Moxa is burned on a layer of sea salt covering the umbilicus. This is used in cases of anorexia, chronic diarrhea, incessant Deficient leukorrhea, and emaciation. In this technique it is best to use the hole in the middle of a roll of adhesive tape as a retainer for the sea salt. Center the hole over the belly button and pour in the salt. This will insure that the layer of salt is thick enough to prevent burning. I have seen a couple of very uncomfortable blisters on the umbilicus caused by insufficiently thick layers of salt.

The fourth technique for Indirect Moxa is essentially the same as the first; however, garlic is used instead of ginger. In Chinese this variation is called GE SUAN JIU. This is used specifically for infections. The use of garlic as a disinfectant is well known in both Eastern and Western herbalism. However, an infection is usually a Hot condition and therefore it is at first paradoxical that it should be treated by adding more heat. This is another instance of making something that is already extremely Yang so Yang that it flips to Yin. In the case of an infection the heat of the Moxa added to the inflammation causes the entire situation to energetically reverse itself. This therapeutic principle is a tricky one to apply clinically since it amounts to pouring gasoline on a fire to put it out and its use should be limited to skin infections caused by the festering of a cut or abrasion.

The fifth technique is to use a slice of Aconite or Monkshood similarly to the ginger and garlic above. Aconite is the hottest herb in the Chinese pharmacopeia. This method is used to treat Deficient Yang conditions which may include skin ulcerations which resist healing or Yin abscesses and carbuncles where the pus will not disperse.

The sixth technique of Indirect Moxa is likewise similar to the above. A paste of white pepper and flour is made and spread over the point about an eighth of an inch thick. This is called JIAO BING JIU. A depression is

made in the center into which is poured either powdered cinnamon or cloves. Moxa is then burnt above this causing intense and penetrating warmth and increasing the circulation of Qi and Blood. This method is used in the treatment of arthritis, localized numbness, and joint stiffness.

Technique number seven is again similar to the above. Here the intervening medium is plaster of mud. In this country clay purchasable in most health food stores is recommended. Moxa is burned over this paste for the treatment of eczema and other skin diseases. Clay or mud both have a drawing and detoxifying effect which are useful for wet or weeping lesions.

Technique number eight is to place Moxa Punk in a metal spoon used in brewing herbal teas here in America. These are available in health food or kitchen supply stores. These spoons have hinged lids and are perforated. They are filled loosely with Moxa which is then lit. The lid is snapped shut and the smoke from the burning Moxa will exit from the holes. Since the best effect from Moxa is obtained when the smoke as well as the heat from the herb contacts the point or area, one should position the spoon under the point whenever possible. The spoon, whether above or below the point, is held a short distance from the skin. It is placed over the area continuously so that the patient can feel a steady and intense warmth without a sensation of scorching. There are a number of commercially available Moxa burners sold by acupuncture suppliers but these herbal brewing spoons are a fraction of the price and locally purchasable. Their one drawback in comparison is that they do not hold as much Moxa as the commercial or professional types.

The last technique is the use of the Moxa Roll or Stick (YAO WU AI JUAN). After removing the outer wrapper, the roll is lit and then held under, over, or near the point or area to be treated. It is best to try to position the body in such a way that the smoke as well as the heat makes contact. Japanese researchers have proven conclusively that there is some therapeutic substance in the Moxa herb which is of major significance in the success of this therapy. It has been shown that other sources of heat applied to acupuncture points do not achieve the clinical results of Moxabustion. In an emergency situation, it is possible to use a lit cigarette to administer "moxabustion", but ARTEMISIA VULGARIS is always preferable when available.

When using a Moxa Stick one should try to establish as intense and steady a heat as the patient can bear without searing or burning. One can raise and lower the distance of the stick or use an oscillating maneuver called in Chinese texts "Sparrow Pecking" (QUE ZHUO JIU). For use on joints, the roll can be circled around the entire joint in a steady progression paying special attention to the various acupuncture points closest to the affected area. This is an excellent therapy for several types of arthritis and rheumatism. It should be applied on a regular and frequent basis. Such therapy should begin at the first sign of chronic pain and soreness since once the joint has deformed there is little chance of a complete recovery. In such cases, herbal liniments may be applied after the Moxa treatment for better results.

Most practitioners prefer to use Moxa Rolls over loose or Moxa Punk. They are neat and efficient to use. The area to be treated should become hot to the touch and appear red. When treating a single point, treatment duration is usually somewhere between three to seven minutes. When treating an entire joint or body part, treatment time is increased to fifteen minutes or so. One modern addition to the use of Moxa Rolls taught to me by Dr. Henry Wong is to blow the smoke of the Moxa onto the area or point with a small

electric hair-dryer. This reduces the total treatment time considerably. However care must be taken not to cause a burn. Also the asbestos should be removed from the dryer and the smallest dryer available should be used. To extinguish the roll after use, place the lit end in an empty beer bottle. (Guinness Stout bottles are the perfect diameter for Pure Mild Moxa Rolls.) A pin or paper clip should be pushed through the other end of the roll to prevent the roll from falling into the bottle from which it will be difficult to retrieve. A more traditional method of extinguishing is to push the lit end into a bowl of rice. However this may be messy if the bowl is inadvertently knocked over. The Moxa should not be doused with water and a method of extinguishing should be ready before the treatment begins. As with all variations of Moxa, should any blistering or burning occur the blister should be lanced, ointment should be applied, and the area should be covered with a sterile dressing.

Moxa may also be combined with acupuncture in a technique called Warm Needle (WEN JIU). There are three contemporary methods of administering this technique. In all three cases the acupuncture needle is first inserted in the selected point to the desired depth. In the first and most ancient method, loose Moxa is pressed around the handle of the needle and lit. Special Moxa Needles are also available for this technique whose handles have been specially wrapped with wire to provide a gripping foundation for the Moxa. The second technique involves the use of a cap or cup which fits over the handle of the needle. Loose Moxa is pressed into this cup and lit. Some practitioners may question whether in using this technique the heat and the herbal essence which are a part of the treatment really reach the point. The last technique is to cut a cross-section of a Moxa Roll and simply push it over the handle of the needle. To cut the Moxa Roll it is best to use a cigar cutter available at tobacco shops. Warm Needle technique is used in general for deobstructing both Qi and Blood and for alleviating especially meridian stagnation due to Cold. As such it is more useful in the treatment of the chronic sequelae of incompletely healed traumatic injuries rather than in their primary care. Warm Needle is contraindicated in the treatment of febrile diseases, hypertension, and in cases where the needle cannot be safely retained in place as in convulsions, spasms, etc.

The general indications for the use of Moxa are for conditions characterized as Yin, Cold, Deficient, or Blood problems. Proportionally, such conditions occur more frequently in winter than in summer. There are numerous formularies for the symptomatic use of Moxabustion available in English, usually found in basic texts on acupuncture. One particularly useful formulary is found in ACUPUNCTURE ENERGY IN HEALTH & DISEASE by Woollerton & McLean (England, 1979) which also contains a good basic explanation of Triple Heater Energetics and the creation of Qi.

The contraindications to the use of Moxa are similar to acupuncture and most other Chinese therapies. Moxabustion should not be performed on those who are intoxicated, excessively fatigued, immediately before or after a meal, or immediately before or after sexual intercourse. It should not be performed on pregnant women unless one is sure of the outcome of the treatment and Moxa should not be performed on any points above the shoulders on patients with High Blood Pressure. In general, Moxa is not suggested for the treatment of Hot, Yang, or Excess conditions. Traditionally there is a list of so-called "Forbidden Points" to Moxabustion. Different medical classics give somewhat different versions of this list. The important thing is

to know why each point on such a list was/is considered forbidden. For instance, Lu 3 is indicated for cerebral congestion due to up-rising Qi into the head. Since Heat by nature rises, administering Heat here would tend to aggravate those symptoms indicated for this point. Lu 10 and Lu 11 are likewise used for dispersing Heat in the throat caused by External Invasion of Wind Heat. Since the purpose of these points is to disperse Heat, treating these points with Moxa is contrary to Chinese medicine's heteropathic logic. However a complete review of each point is outside the scope of this work. The beginning practitioner is advised to pay heed to this list and only apply Moxa to these points if they know that it is the right thing to do in the situation. Unless there is certainty it is better to be cautious. The first rule of all therapeutics is PRIMUM NON NOCERE, First Do No Harm.

POINTS FORBIDDEN TO MOXABUSTION¹²

Lu 3	SI 9	GB 33
Lu 8	SI 18	GB 42
Lu 10		
Lu 11	Bl 1	GV 6
	Bl 2	GV 7
LI 1	Bl 6	GV 15
LI 19	Bl 11	GV 16
LI 20	Bl 30	GV 25
	Bl 36	GV 27
St 1	Bl 37	
St. 7	Bl 40	CV 15
St 8	Bl 43	
St 9	Bl 62	Extra Points
St 17		# 1
St 32	TH 16	# 2
	TH 18	# 28
Sp 1	TH 23	# 29
Sp 7		# 30
Sp 9	GB 15	
Sp 16	GB 22	
Sp 20	GB 29	

In my own practice of Hit Medicine I use Moxa after initial inflammation has subsided rather than as the primary treatment. During the initial Excess Yang phase I prefer to use acupuncture, Cupping, Seven Star Hammer, bathes, and poultices. After the inflammation has subsided I then use Moxa to improve circulation of Qi and Blood, to deobstruct the meridians, and to help resolve the Fluid Accumulation. Often my patients are entrusted with this part of their therapy themselves. Should the injury not heal correctly and a residual Cold or Damp obstruction or a Blood Stagnation become a chronic condition in the area, once again Moxa becomes a cornerstone of the treatment both in the office and at home. In the clinic Moxa is often used in combination with other treatment modes. Most frequently it is combined with the internal administration of herbal formulae, the external application of liniments, etc., and acupuncture. It is less often combined with Seven Star Hammer and/or Cupping.



CHAPTER FIVE

MASSAGE

Training in massage is an absolutely essential part of the Oriental medical practitioner's education. Massage is an important therapy in and of itself which is all too often overlooked. The study and practice of massage is a great aid for developing a hands-on feel for the human body, its anatomy, its energy, and its points. Massage is probably the first therapy in that it is an instinctual reaction to rub a wound or bruise. In Hit Medicine we can divide the use of massage into two categories: immediate First Aid and remedial massage. We will also discuss massage in relation to sports training and competition to improve performance.

Martial arts training involves the risk of accidents on the mat or in the training hall. Over the centuries martial arts teachers have developed a massage protocol for the immediate treatment of such accidents by what is always most readily available -- their hands. This collection of techniques is often referred to as Judo Revival Points. Most of these protocols employ either of two manipulative techniques. The first is deep pressure applied with the tips of the thumbs or other fingers which may also include rotation, pinching, kneading, or "needling" with the fingernail. This may be referred to as acupressure or as petrissage. The exact technique at any given point depends on the anatomy of that point and how one's fingers or hands naturally relate to that landscape and underlying structure. The second basic technique in Judo Revival massage is percussion or tapotement applied by the heel of the hand or with the knuckle of the middle finger as one or several hard, short, sharp strokes delivered from a maximum distance of 6 inches from the body. This technique which is called KWAPPO in Japanese is usually used on points on the spine and the direction of the percussion should always be



directed towards the seventh cervical vertebra at the base of the neck.

The following is a short repertoire of Judo Revival Points and the appropriate technique to stimulate them in a First Aid situation. As a teacher of martial arts, I have had occasion to use most of these protocols and have found them to be effective. Generally speaking, the appropriate revival points will be found not far from and on the same side as the point on which the blow brought about unconsciousness, paralysis, etc.

POINTS	INDICATIONS	TECHNIQUE
Bl 23	Stupor, internal bleeding, weakness	Massage
GV 10	Swoons, fainting, cerebral anemia	Percussion
Ki 2	Pain in testes, fear, restlessness	Massage
Sp 4	Pain in testes, feeling of suffocation	Massage &/or Percussion
Bl 60	Pain of all kinds due to trauma	Massage
GV 4	Extreme mental/physical exhaustion	Percussion
GV14	Severe syncope or fainting	Percussion
Liv 2 & 3	Cramps, spasms, convulsions	Massage
Bl 10	Violent pains at the vertex, cephalgia	Massage
TH 15	Exposure to cold	Massage
Lu 9	"Corpse Reviver"	Massage
CV 14	Difficult breathing, syncope	Massage
LI 4	Headache	Massage
CV 26	Fainting, shock	Massage
CV 12	Nausea	Massage
St 36	Fatigue	Massage

TAI YUAN, Lu 9, is sometimes called the Corpse Reviver. Moderate pressure is applied to the points bilaterally and simultaneously. This technique is used to revive someone in extremis. Happily I have not had an occasion to verify this technique but it is given by Lawson-Wood in JUDO REVIVAL POINTS and was supposedly taught to him by an old Buddhist Monk.

In the use of Liv 2 & 3 for the relief of cramps of spasms, I have found the most effective technique to be thumb over thumb pressure from Liv 2 to Liv 3 with deep, slow, and steady pressure applied for longer duration, i.e. dispersal technique. In the use of CV 26 for fainting and light-headedness, simple pressure or finger-needling is applied and not active massage. In using this point I have found that the duration of pressure should be coordinated with the patient's subjective reaction. It seems that this point's effect is reversed if the point is held too long.

One other technique which is not quite massage but which seems appropriate to mention here is used to arrest bleeding from the nose due to injury. A string, cord, or rope is wrapped firmly around the palm and back of the hand so that it passes over LI 3 and SI 3. The patient is then instructed to

clutch their fist tightly. This technique has worked for me as a case history appended in the rear will show. I keep a string in my First Aid kit just for this purpose but in a pinch shoe laces work very well.

Remedial Massage

Remedial massage is a highly developed specialty in Chinese medicine. Just as some practitioners specialize in acupuncture or herbs only, some therapists only use massage. And in the People's Republic of China there are wards in hospitals devoted solely to massage and manipulative therapy. Like acupuncture but even more so, massage cannot be learned from a book. It must be learned hands-on.

There are two basic divisions of massage in Chinese medicine: ANMO and TUINA. ANMO is folk massage. When travelling in China I have received ANMO massage and have received almost every type of massage under this title: massage composed of all joint manipulations, massages of one hundred percent tapotement and percussion, kneading massages, and acupressure massages. TUINA is the highly developed medical massage employed in hospitals and clinics and taught with the degree of doctor at colleges of Traditional Chinese Medicine. TUINA "strokes" are highly specific and require hundreds of hours of practice on sand bags to perfect. In western massage we have nothing comparable to such maneuvers as Rolling technique (GUEN FA), One Finger pushing (I ZHI CHEN), etc.

However, even though western massage techniques are not as well systematized nor as mechanically sophisticated as TUINA, still western massage maneuvers can be used based on Chinese diagnoses and treatment principles. For those who have already learned a repertoire of strokes and manipulations, Dr. Henry Lu's course in Chinese Manipulative Therapy can provide the Chinese energetic framework for erecting massage treatment plans. This is available through the Academy of Oriental Heritage in Vancouver, B.C., Canada. In this course, Dr. Lu surveys all the classical Chinese strokes and techniques and explains their use.

In general we can outline a typical treatment plan based on the severity of the injury sustained. For light injuries, light pressure massage techniques, grinding techniques, and dotting are the massage treatments of choice. For more serious injuries, "orthopedic" techniques, one of the categories of massage technique described by Dr. Lu, are used in conjunction with light or heavy pressure techniques, grinding, dotting, pushing, and holding techniques. Massage is combined with the external application of Chinese herbal remedies in such cases. In severe injuries, "osteopathic" and "orthopedic" techniques are employed, internal and external Chinese herbal therapy, pushing & holding techniques, dotting, pressure, and grinding techniques. For extremely severe injuries, Dr. Lu recommends hospitalization, First Aid, nursing, emergency measures by Chinese and western medicine, "osteopathic" techniques, pressure & grinding, "orthopedic" techniques, pushing and holding, and Chinese herbal therapy.

Chinese massage is used to treat six types of symptoms due to soft tissue injury: 1) to relax the tendons, activate the meridians, promote circulation of Qi and Blood, and to relieve pain; 2) to relieve muscular spasm; 3) to disperse Blood Stagnation or coagulation and therefore reduce swelling and pain; 4) to reduce dislocations; 5) to expand tendon sheaths; and 6) to sepa-

rate adhesions. As we have already seen, Chinese medicine's primary focus is the treatment of soft tissue injury to promote blood and energy circulation, to activate or re-establish the meridian flow, to "smooth" or relax the tendons, and to correctly position the bones. One classic summarizes this in terms of massage as follows: "To press the meridians, to open up the blocked energy streams, to grind the regions of coagulation, to disperse blood clots are all effective measures for treating injuries to the soft tissues."¹³ Within Chinese massage there are specific protocols for each of these treatment goals. However, for massage to be really effective it must be administered on a daily or every other day basis. This is quite different from the full-body relaxation massage currently popular in the West. This is a localized therapeutic massage as part of a treatment plan embodying therapeutic principles derived from an accurate energetic diagnosis.

Correct matching of the right massage technique to the injury is important. "For example, most cases of injuries to the elbow joint are not severe, (therefore) application of heavy techniques may cause blood clots ... and stiffness in the joint."¹⁴ The erection of a massage treatment plan should take into account the patient's over-all condition and constitution, the nature of the specific injury, and other related factors such as other therapies also being administered. "Generally speaking, light techniques should be applied to treat the injuries at the recovery stage."¹⁵ If treatment is administered too lightly, the desired effects will not be obtained. On the other hand, if treatment is too forceful or heavy, it may result in side-effects, i.e. further injury.

AH-SI Point Therapy

Although a complete elucidation of massage therapy vis a vis injury management would require a separate volume of its own¹⁶ and supervised practical experience, there is one technique which is very useful and easy to apply. This is AH-SI Point Therapy. According to Chinese medicine, pain is usually caused by a blockage in the flow of Qi and Blood in the meridians. "When the passage is blocked, pain will occur."¹⁷ By probing with the fingertips in the area surrounding an injury, one or more points will usually be found which are more sensitive to pressure. Usually these points are not only painful but can also be felt as a hard knot or spasm in the muscle tissue. Such AH-SI Points may be one of the classically located and described meridian points or an idiosyncratic point not previously named or numbered. In western therapy these are often called Trigger Points. From a material point of view such points may be described as areas of spasm with increased fibrin as opposed to elastin, edema, and diminished circulation. From an energetic point of view, they are blockages in the flow of Qi with attendant damming and backing up. Although needling in combination with cupping followed by treatment with a Kori-mag taped in place is perhaps the most effective method for dealing with such points, they may also be eliminated by simple direct finger pressure. Such pressure will have to be very deep and very intense, i.e. extremely dispersing or sedating. On a physical level the fibrin must be broken up mechanically. Such pressure should be adjusted to patient tolerance. It may be repeated several times in one treatment session and sessions usually need to be repeated at intervals depending on how chronic the condition is. The sensitive therapist will help the patient use their breath to ride the discomfort of the treatment.

The discomfort of the treatment itself is usually the main drawback in this therapy. Patients may decline further treatment even though AH-SI Points remain. An experienced therapist will be able to diminish the pain involved by loosening up the area beforehand with a general local massage. Pressure should be increased slowly starting with light pressure and the strokes should progress from general to more specific until they blend into simple direct, deep, and intense pressure. The therapist must be able to pace the patient in accomodating to the intensity of the sensations. Deep pushing with the flat of the thumb may also be employed and in some cases even the elbows may be used for additional leverage. The therapist should try to use their body weight as opposed to only using the muscles in their forearms. After the AH-SI Points have been worked over the therapist should conclude the treatment with a general local massage again ending with light tapotement of the area to stimulate blood flow to begin washing away the debris caused by the treatment. Herbal muscle liniment may be applied and a heating pad may be left in place for not longer than a maximum of fifteen minutes. As with acupuncture, a Kori-mag may be taped of the AH-SI Points to continue treatment between sessions. After each treatment the patient should experience increased range of motion with less discomfort. The therapist should experience that the AH-SI Points shift position with each treatment and that as they shift they also become less sensitive.

In some patients such deep tissue work may liberate a lot of toxicity in to the blood. This may result in their feeling headachey, feverish, or fluey. Other patients may have intense diarrhea and/or vomiting or fitful sleep, nightmares, etc. This type of discharge should always be allowed to run its course which in any case is usually of short though intense duration. Such a discharge may be an indication that the therapist has gone too far too fast. Although Discharge of toxins is in general good, it should be paced so that the body can adequately get the toxins that have been released out of the body. Otherwise they will settle somewhere else with results that are unpredictable and which may not present for years. Release of toxins into the blood should not be equated with successful discharge.

AH-SI Point therapy is very effective both in the treatment of primary injuries and in chronic soft tissue problems of the joints. It is also excellent for treatment of adhesions caused by microtrauma, whether physical or emotional, accumulating over a long period of time. When pain is caused by such repeated subliminal insult, it is necessary to identify the cause at its root and deal with it at that level as well, such as in stiff shoulders as a complication of a number of Chinese gynecological patterns. However even in these cases, AH-SI Point therapy is an effective adjunctive therapy. In primary injuries I have seen my teacher apply AH-SI Point massage to sprained ankles and even to fractures and dislocations before casting or strapping in order to release muscular spasm which will hinder resolution and slow healing, i.e. obstruct the flow of Qi and Blood.

Massage to increase performance in athletes

For martial artists and other athletes, massage is very beneficial in preventing injury and increasing performance during competition.

1) Massage may be performed on athletes the day or days prior to competition to relieve pre-game nervous tension.

- 2) Massage may also be applied immediately before the beginning of the contest to reduce tension, stimulate and circulate Qi, and relieve depression.
- 3) It may also be used during intermissions to invigorate and relax the player.
- 4) Finally, massage will speed post competition recovery.

Massage facilitates the balanced flow of Qi and Blood and calms the SHEN, the Spirit. This translates as increased functional capacity and reduced likelihood of injury. European and Asian athletes have long taken advantage of regular massage as part of their training. Americans are only now beginning to utilize this potent technique and mostly in sports where American athletes have come in contact with international competitors, such as bicycle racing. According to Chinese masseurs working with athletes in the PRC, to obtain maximum results from massage, techniques must be tailored to each one of the four above-mentioned situations.

As the date of competition nears, tension and anxiety are likely to mount. The first use of massage vis a vis competition should begin several days before the contest and be continued up to a few hours before its start. The techniques used at this stage are called "Hypnotic" and their effect is primarily to induce a deep sense of calm and relaxation. The massage should be given in a quiet, tranquil environment and the emphasis should be on relaxation. The athlete lies flat on their back and the masseur begins at YIN TANG or the Third Eye with a light "scraping" massage. Then the rest of the head is massaged with scraping, grinding, and light rubbing techniques. CV 13, CV 12, and CV 10 are dotted-pressed three to four times apiece. All strokes should be executed slowly, rhythmically, and with care not to startle or cause discomfort. Pressure should be gradually and sensitively increased from light to heavier. Next dot-press St 21, Ki 21, St 25, CV 4 and Cv 6.

It is hoped that by this time the athlete has fallen asleep. If not the massage is continued with finger-needling and pinching in the direction of flow at Per 6, Lu 9, and Ht 7. If the athlete is still awake, stimulate at St 36, GB 34, St 41, GB 41, Ki 6, and Ki 1 with finger-needling, pinching, scraping, and grinding as appropriate. If still the recipient has not fallen asleep, they should be gently requested to roll over in their own time and the therapist should work GV 14, GV 11, GV 10, Bl 18, Bl 21, and GV 4. Each point should be massaged two or three times with pinching, dotting, kneading, and finger-needling techniques. If sleep has been induced the athlete should be left undisturbed until they're ready to get up. JIN SHIN JYUTSU is also a very effective massage technique for inducing this type of deep relaxation and can be added to or substituted for the above Hypnotic regime. JIN SHIN JYUTSU (or DO) can be learned from a book and athletes can administer it to each other without professional training.

During the immediate pre-game period the style of massage should not be the same as the day before otherwise the athlete will be oversedated or too relaxed. Here a balance must be struck between relaxation of tension and being fired with enthusiasm. Ideally immediate pre-game massage should begin six minutes before the start of the contest. In general an over-all "rub-down" should be given emphasizing rolling, light kneading, pinching, and tapotement. All the strokes should be light quick, and harmonious. Over-sedation must be avoided. Following this full-body rub-down, specific points should be selected from the following groups which should be tonified individually by finger-needling, dotting, kneading and/or pinching.

In contests emphasizing vision and to generally excite the contestant, select from: Bl 1, Bl 2, TH 23, GB 14, GB 1, St 4, ST 5, GV 20, GV 22, GB 15.

To increase hearing acuity, select from: SI 19, GB 2, TH 21, TH 22, GB 7, TH 20, TH 19, TH 17, St 1, GB 3.

To increase upper extremity strength and performance: LI 15, SI 9, LI 14, SI 15, SI 13, SI 12, Bl 38 (KAO HUANG SHU).

To increase strength of the back: GV 14, GV 11, GV 10, GV 2, Bl 23, Bl 31, Bl 32, Bl 33, Bl 34, GV 4, GV 3.

To increase lung capacity: CV 21, CV 20, CV 19, CV 18, CV 17, CV 16, Ki 27, Ki 26, Ki 25, Ki 24.

To increase power of the abdominal muscles: CV 13, CV 12, CV 10, Ki 21, St 21, St 25, GB 26, GB 27, CV 4, CV 6.

To increase strength in the forearm: Lu 8, Ht 5, Per 7, TH 5, SI 4, SI 5, LI 5, Per 5, LI 10, LI 11, SI 3, SI 2, SI 6, Per 3, Ht 3, LI 14.

Points in the hip region: GB 29, Bl 50, GB 30.

Points in the thigh region: GB 31, St 33, St 31, Sp 11, Sp 10, Liv 10, Liv 9, St 32, Liv 11, Liv 8, St 34, Bl 51, Bl 53.

Points in the knee region: GB 34, Sp 9, Bl 54, Liv 7, Ki 10, St 36, St 35.

Points in the lower leg region: GB 39, GB 38, Sp 6.

Some athletes may experience depression, lack of confidence, and fatigue immediately before a contest. In such cases the following protocol should be administered 6 minutes before the beginning of the game: Finger-needle and scrape GV 20 and GV 14 a dozen times apiece to activate and raise the Yang. Tonify LI 4 by finger-needling, pinching and scraping upwards 30-40 times and tonify LI 11 by finger-needling and pinching 12 times. Finger-needle and pinch LI 10 and St 36 10-20 times. Dot and press Bl 54. Finger-needle and pinch Bl 62 and Bl 60. Finish with a tonification rub-down and tapotement of the entire body.

Manipulative therapy should not be performed on athletes while they are still fatigued. They should be allowed to rest for at least a few hours or it should be administered the following day. In general, massage to speed post-competition recovery should be sedative. Rather than focusing on individual points, a full-body massage should be given with emphasis on relaxation. However fairly heavy pressure should be used and the treatment should be of long duration and slow. It should be more "thorough" and deeper than the pre-game hypnotic massage. For treatment of minor injuries, aches, and pains, and to relieve areas of the body stressed by particular activities, the same groups of points may be selected from after the game as immediately before. But in such cases the pressure should be heavier and deeper and sedating rather than tonifying. Since the process of repair and recovery depends upon the unobstructed flow of Qi and Blood, post-competition massage may reduce recovery time and minimize the deleterious effects of competitive stress, both physical and mental.

CHAPTER SIX

AURICULAR THERAPY

Although in my general practice auriculotherapy does not play a large part, I have found it to be of particular use in traumatic injury management. Ear acupuncture, ER ZHEN, is a relatively recent addition to the repertoire of the Chinese doctor. It was originally discovered in France in the 1950's by Dr. Nogier but since has received widespread use and experimentation in the People's Republic of China, Taiwan, and Hong Kong. It has proven especially useful as a Barefoot Doctors' technique and in inducing acupuncture anesthesia. Since its incorporation into the repertoire of Chinese medicine, Chinese theoreticians have gone back to the classics to find an explanation and substantiation of this technique. For those interested in the classical cites for this therapy, Dr. Li Su Hai devotes the first three pages to these in his RECENT DEVELOPMENTS IN AURICULAR THERAPY. ¹⁸

Ear acupuncture has proven effective as a Barefoot Doctor technique because of its simplicity and relative safety from iatrogenic complications. It can be learned in a few hours and can be learned from a book if necessary. It is that simple. In the PRC, Barefoot Doctors often teach this technique to family members in order to continue treatment between professional visits. One does not have to worry about depth of insertion in terms of accidentally puncturing an artery or organ. There are only a few caveats in the administration of this technique and these will be covered in this chapter.

Ear acupuncture is based on the idea that there is a map of the entire human body manifest on the ear. There are a number of such maps; on the feet and hands, on the nose, on the face, and on the iris. In fact, it is my opinion that every part of the human body contains a reflection of the whole similar to a hologram, and that the human body is a holographic reflection of the entire cosmos. The relationship between macrocosm/microcosm is like a Chinese puzzle box with layer within layer, but then, like a Mobius strip, the innermost layer may also be the outermost as well. However, not all the maps of the body that have been described have equal clinical value. For instance, iridology is useful for diagnosis but not for treatment. Auriculotherapy can also be used for diagnosis but only in a confirmatory way and then only sometimes. Ear acupuncture's forte is treatment.

The map of the body on the ear resembles a fetus in the birth canal about to be born. The head is represented by the lobe and the pelvis is up around the triangular fossa. There are a number of inconsistencies in this map. It is not exact but does provide some logical framework. Included at the end

of this section are two maps of the ear. Basically they are the same although they differ in terminology and on a few locations. The student should at this point familiarize themselves with these maps. It is also advisable to learn the universally accepted anatomical nomenclature for the parts of the ear since there are no clear, concise, and shared names in common usage. Such anatomical parlance is the LINGUA FRANCA amongst clinicians. Therefore I have also included a map of the ear showing only anatomical descriptions.

Anyone familiar with Foot Reflexology as practiced in the West will have no trouble understanding or practicing ear acupuncture. In diagnosis and treatment they are remarkably similar. The basic principle is to apply stimulation to the point or area on the ear which corresponds to the organ or body part which requires treatment. If, in fact, there is some dysfunction or impairment in the organ or part, the corresponding LOCUS on the ear will usually be hypersensitive. Since ear acupuncture seems to be working more in terms of nervous enervation rather than directly with the Qi in the meridians, it is only necessary to provide stimulation to the associated point. This "calls the attention" of the nervous system to the organ or area. Once this attention has been called, it seems as if the body's inherent wisdom selects the most appropriate mode of response. Simply put, when you find the most reactive point in the area corresponding to the area of injury, pain, or dysfunction, stimulate it.

In chronic problems or in old injuries that have left some impairment in the circulation, it is common to find visible signs of this on the ear. These may be flaking, scaling, freckles or other discolorations, or visible idiosyncratic superficial blood vessels. In a recent traumatic injury, it is my experience that there are no such outstanding visible signs. However, almost without exception, you will find highly sensitive spots on the ear in the area corresponding to the injury reactive to pressure. In the case of a sprained ankle, you should probe with a hard but blunt instrument, such as the tip of a stylus or the back of an acupuncture needle, in the ankle area on the same side as the injury. When you find the most sensitive, i.e. painful spot in this area, this is the point that will be treated. In some cases you may not find a sensitive spot on the same side in the corresponding area. In that case, the same area on the opposite ear should be probed. However, such contralateral sensitivity in a traumatic injury is in my experience rare.

Having found the most reactive point, the ear should be sterilized. With a sterile piece of cotton moistened with alcohol or other suitable antiseptic swab the ear clean moving from the inside to the outside and from top to bottom. Next select a half inch long, wide gauge needle with a firmly graspable handle. 28 gauge is the best, but 30 gauge is also acceptable. Thinner needles will not provide adequate stimulation. With the left hand support the ear and with the right, quickly and unhesitatingly plant the needle into the previously selected point. The needle should not hang limply from the ear nor should it fall out on its own.

Some texts counsel against the insertion of the needle into the cartilage. But the treatment will be ineffective if the adequate degree of stimulation is not achieved. This amount of stimulation is not possible if the insertion is too shallow. The fear on the part of some authors is that since the cartilage of the ear is so poorly vascularized, if one were to introduce infection into the cartilage, it will be very, very difficult to eliminate. However, if proper sterilization of needles, ear, and practitioner's hands have been

accomplished, the chance of infection is negligible.

As a beginner, place your own index finger behind the point to be punctured. If you go through the ear you will know it. If you do, don't worry. Simply pull the needle back into the cartilage. The biggest mistake is not going deep enough. You should think through the point. Try to extend your Qi through your hand, through the needle, and into the point. Do not "bounce" the needle off the surface of the skin. The needle will bend, stimulation will not be achieved, and everyone will become upset. If there is any hesitation, it will appear to the observer that the practitioner's hand is going forward and back at the same time. Simply go forward. The faster and more dispassionately you can plant the needle, the less pain will be caused the recipient.

Unfortunately, the appropriate response to correct insertion of the needle should be pain. Dr Tao Hsi-Yu euphemistically refers to this a "local sensation". Ear acupuncture that is not uncomfortable does not get results. The discomfort should feel like a bee sting. It should have a sharp, biting quality. Also the entire ear typically becomes hot and red. In general, needles should be left in place for a minimum of 30 mins. and up to an hour. The needles should be twirled every five minutes or so to maintain the level of stimulation. If proper siting, insertion, and stimulation is effected, the pain-relieving ability of auriculotherapy is remarkable. Such relief is usually agreed by all parties to be worth the transient discomfort of the treatment.

Since amount of stimulation is directly proportional to result achieved, relatively thick needles should be used for ear acupuncture. Super-fine "tap" needles are not appropriate. In some cases it is appropriate to insert more than one needle right up next to the original one in order to increase stimulation. It is also possible to use straight pins, sewing needles, and even push pins in First Aid situation. In such situation, these can be effectively sterilized by inserting their tips into the flame of a match.

This technique of finding the "point of pain" and needling that point is very simple and effective. However, even better results can be obtained from ear acupuncture if one can bring into play some of the more subtle and theoretical aspects of Chinese medicine. In the case of a fracture, besides needling only the point of pain associated with the site of the injury, other points may be included to increase effectiveness. SHEN MEN and Sympathetic Point have general pain relieving capabilities since they "calm the Spirit". This relieves unnecessary tension, i.e. contraction, which adds to and amplifies any pain. Also needling the Kidney Point is appropriate since according to the NEI JING SU WEN, the Kidneys rule the bones. In a similar fashion formulae or combinations can be created based on Five Element Theory and clinical experience.

In general, it is best not to insert more than three needles in one ear and not to needle more than five ear points during one treatment. If more than five points seem appropriate, one should reconsider the situation and try to prioritize the treatment plan. Redundance and duplication should be avoided. If the situation is seen clearly, then the solution will also be clear-cut. Too many needles suggest a lack of focus and a shotgun approach, the mark of the inferior practitioner.

Treatment frequency depends upon the situation. In serious acute situations, two or three treatments can be given a day. In general, during the initial post trauma healing, treatment should be every day. Ear acupuncture will

not only achieve pain relief but will speed healing and resolution. This is especially so if metabolic or Five Element points are carefully chosen along with points of pain. If the points on one ear become sore from treatment, points should be rotated between the two ears. Points on the ears, although most closely associated ipsilaterally, do also function contralaterally to a lesser degree. The ankle point on either ear will have some effect on either ankle. Continued rotation of points will help to avoid overuse of any one point.

Should daily treatments not be feasible due to time, distance, or money, press needles may be left in place between treatments in order to "continue" treatment. Press needles should also be sterilized prior to insertion. Nu-skin or other such surgical glue should be used to keep the needle in place and free from infection. Adhesive tape can also be used as a second choice. The recipient should be instructed to press the needle to induce stimulation at intervals throughout the day. The needle should also be checked visually daily for sign of infection. At the first sign of infection, the needle should be removed and the area bathed in Hydrogen peroxide. Press needles can be left in place from 5-7 days. Their use is safe and effective in cold climates. In warm climates or seasons, one should be more wary of infection. Ion pellets are also used for continuous treatment of selected points. They are taped over the points and pressed at intervals similar to press needles but without any fear of infection.

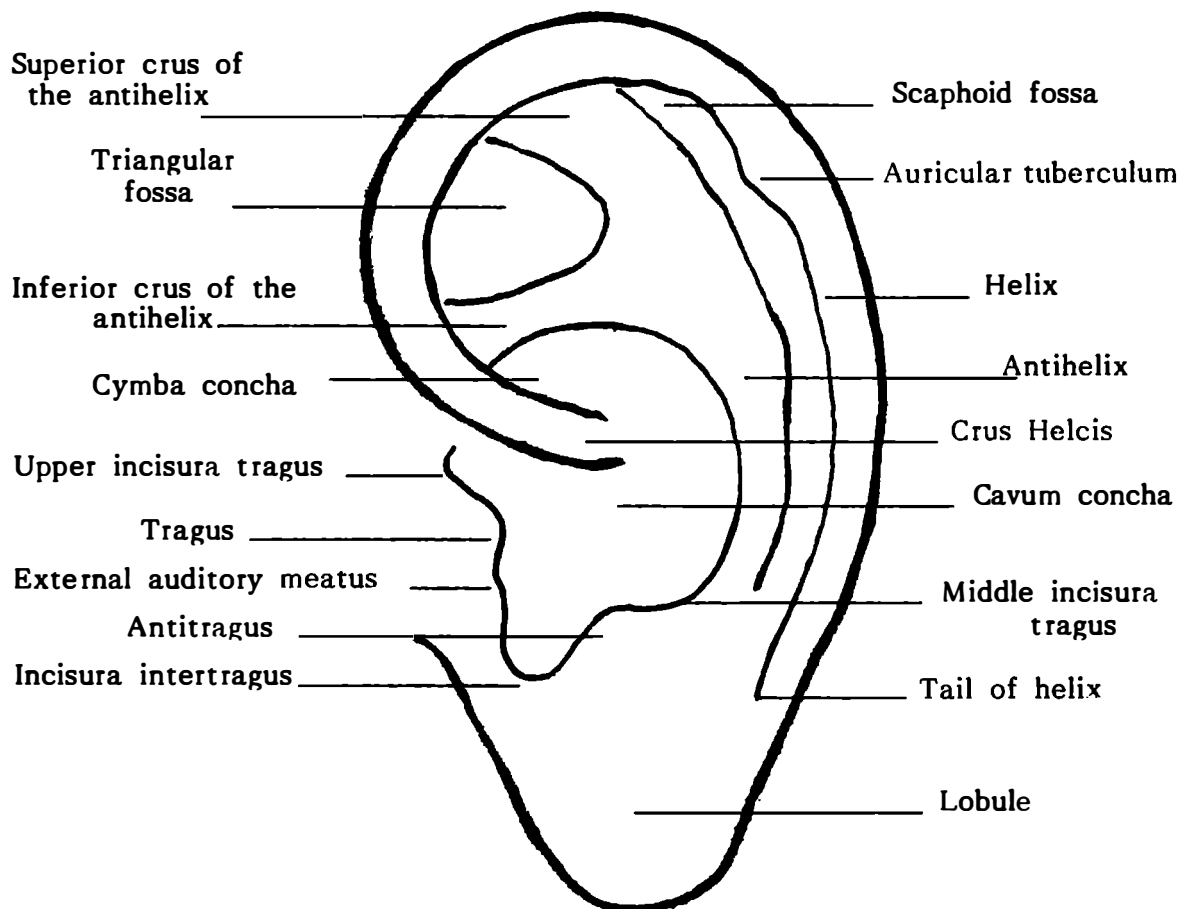
Ear acupuncture is particularly appropriate for initial pain relief and it is also useful in situations where full-body acupuncture is impossible. Many Americans will first seek treatment from allopaths or at Emergency Rooms. In the case of fractures, etc., the patient may be put in a cast which does not permit access to regular acupuncture points. In such cases ear acupuncture may be the only access to the injury other than herbs taken internally. Ear acupuncture can also be used as an adjunct to full-body acupuncture. Examples of multimodal treatment will be given in the case histories appended.

Contraindications to auriculotherapy are few. In general, it should not be administered to anyone who is drunk, excessively hungry or fatigued, in pregnancy unless one is sure of what one is doing, or to someone very aged or chronically debilitated. The last three proscriptions are simply warnings that such cases require careful and definitive treatment and that possible complications should be well appraised and prevented.

It is best for the recipient to be seated or recumbent. Should the patient feel faint, dizzy, or nauseous, all signs of "needle shock", the practitioner should first engage the patient in discussion thus taking their mind off the situation. The patient should not be encouraged to hyperventilate. If the shock symptoms worsen, the patient should be helped into a lying down position. If the patient is primarily dizzy, finger pressure at GV 26 is often helpful. If nausea is primary, finger pressure at CV 12 is effective. Should symptoms of shock continue to deepen, administration of Bach Flower Rescue Remedy sublingually should bring the patient around or the use of smelling salts. Failing this, the needles should be withdrawn while announcing this to the patient in a loud and clear voice. If the patient passes out entirely, the first rule is not to panic. Full-body acupuncture procedures are given for needle shock in the section on full-body acupuncture. However, I have never seen anyone get needle shock from ear acupuncture. It is a possibility but not a probability.

Ear acupuncture is a good way to begin practicing the insertion of needles. It is safe, simple, and quite effective. Contraindications and complications are few. It requires minimal equipment and only a few hours of practice. It is also appropriate for those who have no inclination or desire to go on to full-body acupuncture. Our discussion of auriculotherapy has been limited to injury management and pain relief. Auriculotherapy can be used in the care and treatment of chronic disease but this requires a great deal more theory and experience.

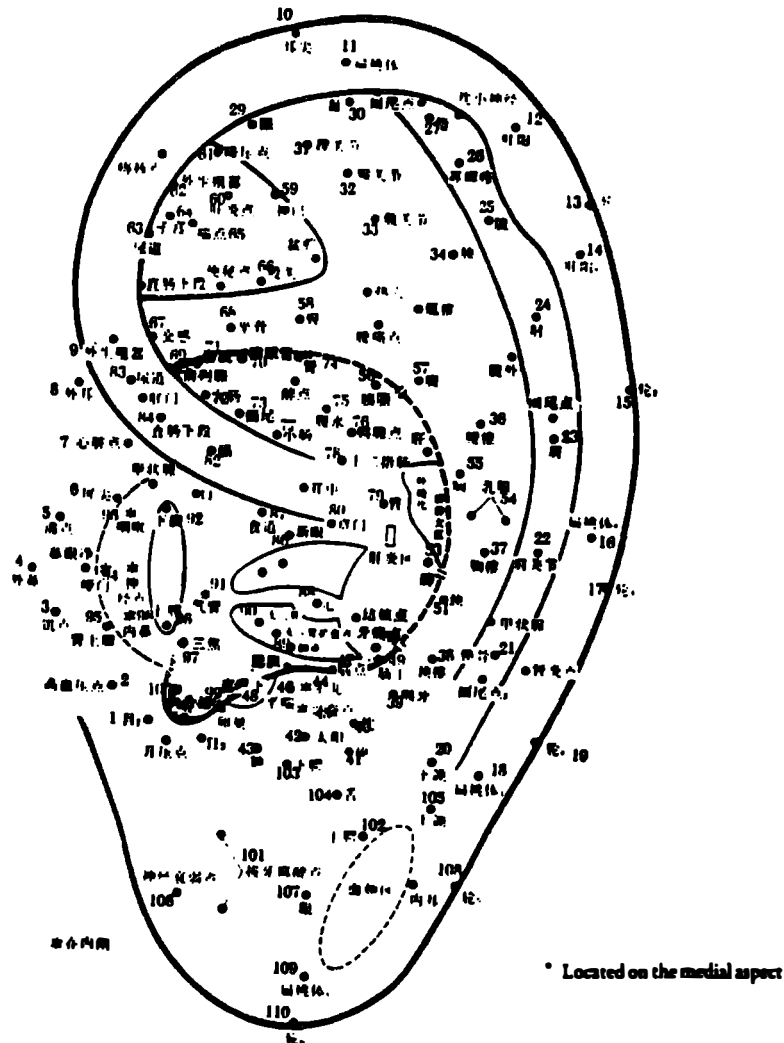
Anatomical Features of the Auricle



- 1) Helix: the inverted rim of the auricle
- 2) Crus Helicis: the prominent oblique ridge in the depression, an extension of the helix

Acupuncture Chart of the Ear

(exerpted from A BAREFOOT DOCTOR'S MANUAL, Seattle, 1977, p. 46)

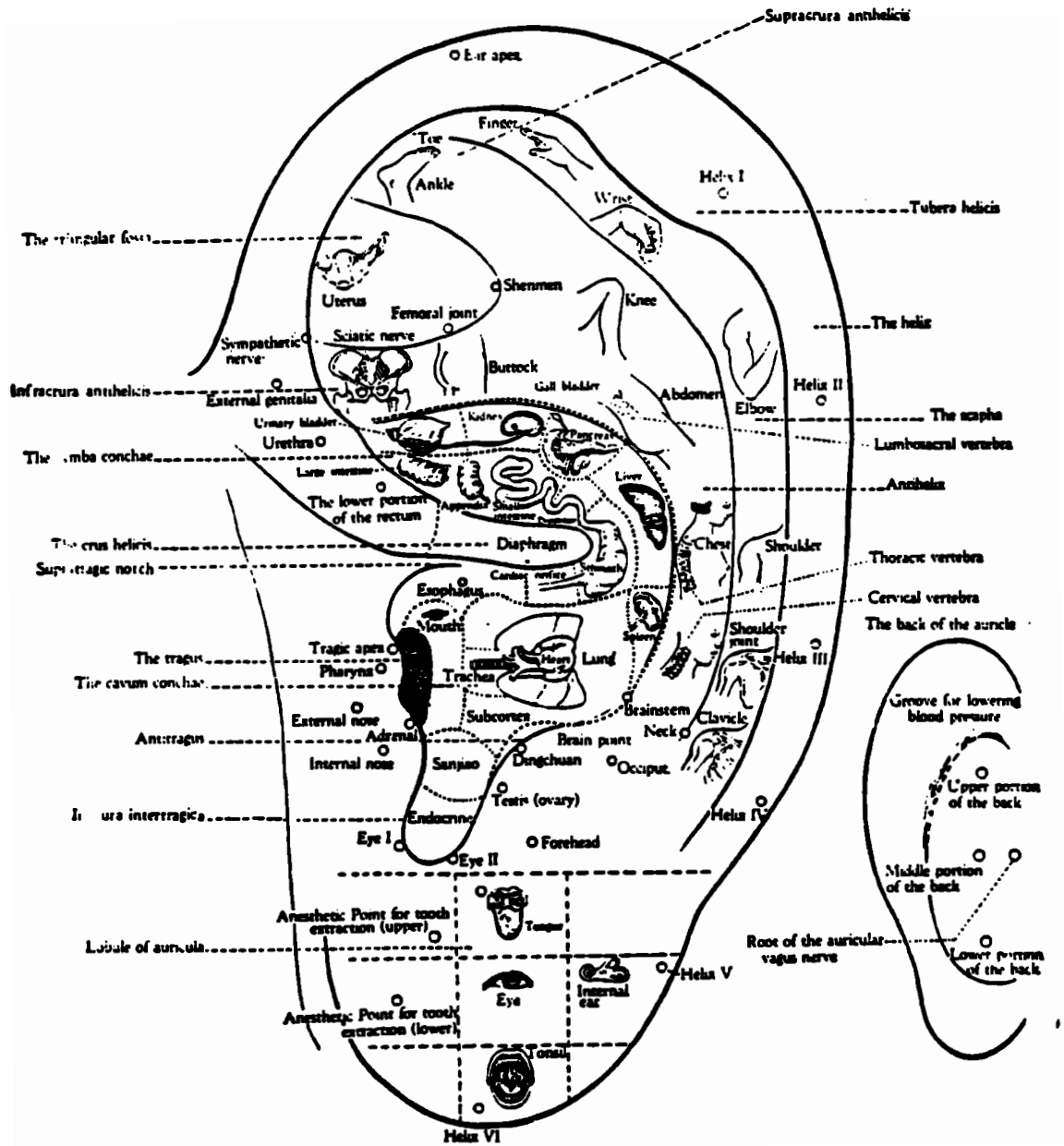


* Located on the medial aspect

- | | | | | | |
|---|-----------------------------------|------------------------------|---|--|-------------------------------|
| 1. Eye | 15. Wheel (cycle) 2 | 36. Vertebrae, lumbar | galbladder | 75. Ascites | 94. Ya-men (0801) |
| 2. High blood pressure point | 16. Tonsils, 2 | 37. Vertebrae, thoracic | 57. Abdomen | 76. Adrenal gland | 95. Adrenal gland |
| 3. Hunger point | 17. Wheel (cycle) 3 | 38. Vertebrae, cervical | 58. Buttocks | 77. Small intestine | 96. Lower abdomen |
| 4. External nose | 18. Tonsils, 3 | 39. Larynx | 59. Shen-men (4377 7024) | 78. Duodenum | 97. Triple warm chiao) |
| 5. Thirst point | 19. Wheel (cycle) 4 | 40. Occiput | 60. Hepatitis point | 79. Stomach | 98. Inner nose |
| 6. Screen (obstruction) point (p'ing-tien, 1456 7820) | 20. Jaw | 41. Apex (of head) | 61. Hypotensive (pressure lowering) point | 80. Cardiac orifice | 99. Ovary |
| 7. Heart point | 21. Clavicle | 42. T'ai-yang | 62. External genitals 2 | 81. Support (leverage) point (chih tien) | 100. Endocrine g |
| 8. External ear | 22. Shoulder joint | 43. Forehead | 63. Urethra | 82. Diaphragm | 101. Tooth extra anesthesia f |
| 9. External genitals | 23. Shoulder | 44. Testicle | 64. Uterus | 83. Urethra | 102. Mandible |
| 10. Point of ear (ear lobe) | 24. Elbow | 45. Parotid glands | 65. Wheezing | 84. Rectum | 103. Maxilla |
| 11. Tonsils | 25. Wrist | 46. Subcortex | 66. Hip joint | 85. Nerve organic function point | 104. Tongue |
| 12. Yang-dominant liver one (kan-yang-1) | 26. Urticaria | 47. Brain point | 67. Sympathetic nerves | 86. New eye | 105. Palate |
| 13. Wheel (cycle) 1 | 27. Fingers | 48. P'ing-ch'uan (1627 0820) | 68. Sciatic nerve | 87. Esophagus | 106. Neurasthenia |
| 14. Yang dominant liver two (kan-yang-erh) | 28. Appendix point (lan-wei tien) | 49. Brain stem | 69. Prostate gland | 88. Heart and lungs | 107. Eyes |
| | 29. Heel | 50. Toothache point | 70. Ureters | 89. Pulmonary (lung) point | 108. Inner ear wh |
| | 30. Toes | 51. Neck | 71. Bladder | 90. Bronchus | 109. Tonsils 4 |
| | 31. Ankle | 52. Right liver | 72. Large intestine | 91. Trachea | 110. Wheel 6 |
| | 32. Knee joint | 53. Left Spleen | 73. Appendix | 92. Upper abdomen | |
| | 33. Wrist joint | 54. Mammary gland | 74. Kidney | 93. Larvna | |
| | 34. Knee | 55. Chest | | | |
| | 35. Coccyx | 56. Left pancreas, right | | | |

Acupuncture Chart of the Ear

(exerpted from ESSENTIALS OF CHINESE ACUPUNCTURE
Beijing, 1980, p. 404)



CHAPTER SEVEN

ACUPUNCTURE

For many westerners acupuncture represents the pinnacle of Chinese medicine. It is regarded as something incredibly arcane and difficult to master. Although it is my opinion that the acupuncture that is being practiced contemporarily in Asia as well as in the West has been oversimplified, still acupuncture in the care and management of traumatic injuries is a fairly simple and straightforward therapy. Unlike the previous instructions on Seven Star Hammer, Cupping, etc., it is not my intention to try to teach acupuncture from a book. It must be learned from another practitioner. The discussion of acupuncture which follows assumes that the practitioner already knows how to insert and manipulate the needles. Therefore this discussion will be confined to only the particulars of its use in First Aid and Hit Medicine.

There are three basic ways to conceptualize the effects of acupuncture. The first is to think of the needles as antennae that are placed in the energy grid of the body and which pick up the vibrations from the cosmic source that will rectify or restore balance in the individual. The second is to see the needles as conduits for the transfer of energy from the therapist to the patient similar to the laying on of hands or palm healing. The third is to liken the needles to switches that are inserted into the terminals of the energy flow and are then manipulated like circuit breakers facilitating the shunting of energy and the changing of the frequency and volume of this energy. Although all three views are or can be valid depending on the practitioner and his/her intent and training, this discussion will be written primarily from the third point of view.

As stated previously, the primary therapeutic principles of Hit Medicine are to reduce Excesses, to open and connect meridians, to relieve or remove Stagnation or Obstruction, and to relieve pain. These principles are usually translated into a treatment plan based on dispersal. There are a number of ways to disperse with needles but in Hit Medicine dispersal is usually achieved through the use of thick needles, deep and swift insertion, and strong stimulation over a fairly long duration. Stimulation may be achieved by electric potentization or manipulation of the needles. Slow withdrawal of the needles on the exhale and leaving the points uncovered, i.e. to bleed if they want, are niceties that may also be added as appropriate. The selection of acupuncture points is usually a combination of local or Path of Qi points and distal points most often chosen from the 66 Command or Antique Points.

First the area should be palpated to discover the most painful points, i.e.

AH-SI Points. This point, or in some cases points, should always be included in the treatment. In some cases, such as a Sprained Ankle, the AH-SI Point is better bled with a triangular needle than punctured with a filiform needle. Secondly, most traumatic injuries will manifest along the course of one or more meridians. Points on the affected meridian may be chosen above and below the trauma to stimulate the energy flow between the needles and thus reestablish the flow in the meridian. Third, points may be added that have a known metabolic or symptomatic action appropriate to the injury involved. For instance, Bl 60 (KUN LUN) is the Fire Point of the Bladder Meridian. The Bladder Meridian is part of the Tai Yang or outermost and superficial layer of meridian energy. This point is sometimes referred to as the aspirin point. By stimulating this point, WEI QI is mobilized to the trauma which reduces pain and commences the healing process. Therefore Bl 60 is a useful point for pain relief in many traumatic injuries, especially injuries presenting on the lower extremities and/or the dorsal aspect. Another such metabolic point is Bl 11 (DA ZHU) in the treatment of all fractures. Bl 11 is the Influential Point of the Bones and therefore can help direct energy specifically to that energetic layer. The use of such metabolic or symptomatic points is dependent upon the practitioner's knowledge of classical theory and point indications.

From one point of view, there is no such thing as an accident. Jerome Canty in his book COSMIC MASSAGE suggests that all traumatic injuries are cosmic responses to imbalances within the individual and are always appropriate on some level. Although not everyone will be able to appreciate this elevated view, if one does grant it credence then the use of TZU WU LIU CHU LIAO FA or Energy Circulation acupuncture may also have a place in injury management. According to this system of point selection based on the astrological correspondence of acupuncture points with the Stems and Branches as they manifest at certain hours of certain days, the practitioner may choose to tonify the point which is "open" at the time of treatment. As Dr. Masunaga suggests, wherever there is an Excess look for its opposite Deficiency. A traumatic injury which generally first manifests as a local Excess will draw upon the reserves of Normal Qi as a consequence of the stress reaction. The entire organism goes into high gear in order to contain and repair the damage. Therefore systemic tonification of the "open" point while simultaneously sedating the local Excess may help to restore overall balance and harmony more quickly. To figure out the open point one must either have access to a Chinese astrological almanac or do about twenty minutes worth of mathematical calculations. Dr. Henry Lu has published a computerized astrological acupuncture almanac which lists the open point for any hour of any day 1980 - 2019. It is titled A 40 YEAR YIN-YANG CALENDAR FOR EVERYDAY APPLICATION IN TRADITIONAL CHINESE ENERGY-REGULATING ACUPUNCTURE and is available from the Academy of Oriental Heritage, P.O. Box 35057 Station E, Vancouver B.C. V6M 4G1, Canada. Not all acupuncturists hold this technique in high esteem, especially those of a more secular and materialistic perspective. However from my point of view, it is an important addition to injury management and acupuncture in general.

Acupuncture is usually very effective for relieving pain in a recent injury. Most patients are very impressed. However the practitioner should advise the patient not to overextend or stress the affected part too soon. Acupuncture elimination of pain is not necessarily the same as complete resolution of the injury although it may feel that way. In some cases, patients may go out and work or play based on being pain free before they have had time

to really mend. In such cases, secondary injury may be more serious than the initial one.

In general it is advisable to give acupuncture treatments daily during the initial healing period. If this is possible, truly accelerated healing results. However, in this country, due to time and money, most patients will not be able to afford daily treatments. In these cases acupuncture should be supplemented or continued by Moxa, Seven Star Hammer, Cupping, etc., administered by the patient themselves or family members. When acupuncture is administered every day, it is usually not given more than ten days in a row. This is considered one course of treatment and five day rest period is usually advised before beginning a subsequent course of treatment. The erection and administering of a treatment plan is subject to numerous factors which must be assessed on a day to day basis and the above should not be considered a hard and fast rule. Ultimately everything depends on experience.

After the initial period of healing a plateau may be reached on which further healing seems to be delayed. Or patients may seek treatment for the sequelae of old injuries either not treated or treated improperly, i.e. with excessive ice therapy, strapping, etc. Acupuncture may be used similar to its administration in the acute phase. However in such cases Moxabustion in the form of Indirect Moxa or Warm Needle often gets better results than needles alone. In other cases, although the selection of points seems to be correct, acupuncture treatment does not get results. In such cases the energy of the affected limb or part may be so chronically weakened that it cannot accommodate the sudden influx of energy caused by the acupuncture. Or perhaps there isn't enough energy to tap to overcome the Obstruction. In these cases the acupuncturist should try the same treatment on the opposite or unaffected side. This will catalyze a spill-over effect from the good limb to the weakened one. This procedure is often the difference between success and failure in the treatment of old or chronic injuries. In my experience this is especially so in chronic knee problems which are so common amongst Americans. If the problem is in a joint, which is most often the case, the patient may be instructed to mobilize the joint or passive mobilization may be administered while the opposite joint is being needled.

Correct choice of the method of stimulation of the points depends entirely upon the differential diagnosis of the energetic nature of the Obstruction. Obstruction is usually described as being Cold, Damp, and "Windy", or Hot or a combination of these. Obstruction characterized as Cold is often called Painful Obstruction. It responds to warmth and is aggravated by cold. The tongue may display a white coating and the pulse may be deep and/or wiry. Painful Obstruction should be treated more by Moxa and less by acupuncture. Damp Obstruction is also called Fixed Obstruction. It usually presents as numbness of the skin and the muscles, a heavy sensation in the affected limb or in severe cases the entire body, pain which is aggravated by the presence of humidity, and pain which is fixed and localized in one place. The tongue may present a greasy coating and the pulse may be deep and/or slow. Damp or Fixed Obstruction should be treated with a combination of needles and Moxa. Wandering Obstruction refers to Wind pain. This type of pain may travel from joint to joint. There may also be chills and fever, a thin and sticky coated tongue and the pulse is usually superficial and rapid. Wind Obstruction is treated primarily with needles when it presents by itself. However Wind may often combine with the other Evil Qi and in such cases a combination of stimulation is employed. Wind, Cold, and Dampness may characterize the post-inflammatory stage of an injury. But Wind, Cold, and

Damp if not treated correctly may also transform back into a Febrile or Hot Obstruction. Hot Obstruction manifests as joint pain with local inflammation, swelling, and tenderness on palpation. Accompanying symptoms may be fever and thirst if severe. The tongue may have a yellow coating and the pulse may be rolling and/or rapid. Needling with definite sedation is the therapy of choice in treating such Febrile Obstructions. In general points are selected on the Yang meridians nearest the site of Obstruction. It is also possible to select the Fire Points of the affected meridians in cases of Cold Obstruction, the Water Points for Hot Obstruction, etc.

Even in a First Aid situation the practitioner should try to ascertain several things prior to administering acupuncture. These include whether or not the patient is a hemophiliac, pregnant, menstruating, has recently eaten, is needle phobic, has had hepatitis, or has any other serious conditions the acupuncturist might want to take into consideration before inserting needles. Such questions are for the protection of both the patient and the practitioner. This type of screening should be routine but is often overlooked. If the patient has never had acupuncture before it is advisable that they be treated lying down and that they not be shown the needles either prior to or during insertion. These last precautions are to avoid needle shock.

Needle shock is a not uncommon reaction which usually occurs in first time patients. Typically it occurs in large, robust, and very macho men. It is much more likely if the patient is sitting up and can see the needles while inserted. If the patient is hungry or fatigued the likelihood of needle shock is also increased. Needle shock does not seem to affect women as often. Needle shock may also be triggered by the patient's moving the limb that is being treated and therefore feeling the "length" of the needle imbedded in their flesh. First time patients should be told not to move to avoid this. The first symptoms of needle shock are facial pallor, nausea, and a cold sweat. The patient may try to "get their breath", complain of being light-headed, or feel vomitaceous. We have already given step by step instructions on managing the several stages of needle shock in the section on auriculotherapy. Should the patient pass out entirely and be difficult to revive, a half inch needle should be inserted in GV 26. If the needle shock was the result of needles in the upper half of the body, St 36 may also be needled. If the needle shock was precipitated by needles in the lower half of the body, LI 4 may be needled. If this still does not bring the patient around, bleed Per 9 at the center of the tip of the middle finger on both hands. Smelling Salts and Bach Flower Rescue Remedy are also very useful to keep on hand. In my own practice I have only encountered needle shock when trying to needle a patient sitting up. I have never had it happen with a patient either supine or prone. From my experience, seeing the needles in place is a major precipitating factor.

In China, due to a lack of central heating and because of higher standards of personal modesty, needles were often inserted through clothing. This is predicated on the practitioner's being able to locate the points by touch. Since most traditionally trained practitioners began their studies with massage, this was not an unusual ability. In First Aid situations this technique should be remembered. Of course in the clinic it is important to sterilize the site of insertion prior to needling (if only for legal reasons). But on the street or in the woods, the acupuncturist should be prepared to needle through the clothing.

The following are a number of formulae for First Aid use. In such situations

stimulation is what's important and not the subtleties of tonification and sedation. It should also be remembered that in a pinch sewing needles or straight pins may be used instead of regular acupuncture needles. If the reader thinks that such needles will cause extreme pain, it is my experience that pain from the insertion of needles is a function of the skill of the practitioner. My teacher, Dr. Tao, routinely uses 28 gauge needles which in general he inserts to maximum depth and his treatments are the most comfortable I have ever received. Sterilization of either acupuncture or make-shift needles may be performed by passing the needle through the flame of a match.

First Aid Formulary

Anxiety	Ht 7, Bl 60, Per 9	General Trauma	TH 10, GV 14, GB 21 if abdominal or lumbar; Ki 2 if hematoma
Apoplexy	Bl 31, Ki 6, LI 15		
Asphyxia	Liv 3, Lu 9		
Bee Sting	Bl 64, Ki 6		
Bites	GV 11	Hangover	St 45, GB 8
Burns	Bl 65	Head injury	LI 15
Colds	Th 15, GV 14	Heart failure	Ht 1, Ht 7, Bl 15
Concussion	Bl 31, GV 3, LI 15 Ki 6, Lu 9	Hemorrhage	Bl 25, Ki 6, GB 41, LI 15
Convulsions	SI 3, Lu 11, GV 11 or Ki 1, CV 21, GV 20	Indigestion	St 36, St 45
Cramp	Liv 2, Liv 6	Insensibility	SI 3, Bl 31, Lu 9, Lu 11, LI 15, GV 3
Cystitis	Bl 65, Ki 2	Numbness	Bl 17
Drowning	Ht 1, Lu 1, CV 1	Poisoning	GB 20, Lu 3 or Ki 1, St 36, GV 25, TH 5
Drunkeness	GB 8	Shock	Ht 7, Lu 9, LI 15
Dull pains	LI 4	Snake bite	Bl 31, Ki 6
Earache	SI 3, TH 4, LI 4	Spinal injury	Bl 40, Bl 60, GV 3
Electric Shock	Ht 7, Lu 8, LI 15 or Ki 1, Per 6, GV 25	Sprains	Bl 11, Bl 60, GB 30, CV 2, GV 3
Exhaustion	Ht 3, TH 3, LI 15	Sunburn	Bl 65
Fainting	Ht 1, Ht 7, LI 4, St 36	Sunstroke	Ki 23, Lu 11
Food poisoning	Bl 59, Bl 60, GB 40, Lu 9, LI 4, St 30	Toothache	LI 4, St 45
Fractures	Bl 11, Bl 60, GV 30, Liv 2, GV 3	Travel sickness	CV 14

I have not had an opportunity (thankfully) to use all the above formulae. These same formulae have been recommended by the Occidental Institute for Chinese Studies in their course on acupuncture and by Prof. Worsley of England. Those that I have had call to use have gotten good results. Not all these formulae are specifically for Hit related injuries or accidents but it is my opinion that the practitioner should commit such formulae to memory in order to be of assistance at any time. If Chinese medicine is going to be accorded parity with allopathy, it must provide a full spectrum health care not limited to chronic problems. Point numbering in all these formulae is standard except that Bl 40 is also known as Bl 54 by many. Its Chinese name is WEI ZHONG and it is in the center of the popliteal fossa.

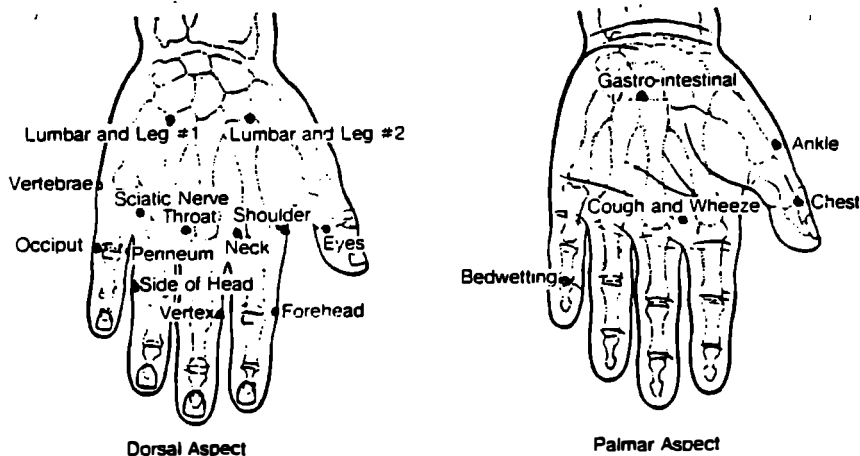
CHAPTER EIGHT

HAND ACUPUNCTURE

In western massage, Foot Reflexology is based on a map of the body found on the foot. Likewise such a map is found on the hands as well. However, in Reflexology the points on the feet are used for chronic problems and the points on the hands for acute situations. In recent years Chinese acupuncturists have also begun to use non-meridian or extra-meridian points on the hand for alleviating the pain of acute situations. This is called Hand Acupuncture or SHOU ZHEN in Chinese. Although these points do not play an important part in the treatment of internal diseases they are particularly effective in the treatment of traumatic injuries.

Unlike auriculotherapy, in hand acupuncture points are selected for treatment on the opposite side of the affected area. A relatively thick needle, 28-30 gauge, is selected for insertion. One in place the needle is given strong manual stimulation for from 2-5 minutes. Usually stimulation of the needle is continued of 2-3 minutes after the pain is stopped. It is often recommended to massage or mobilize the affected joint or part while needle stimulation is being administered. If stimulation of hand acupuncture points is required for a longer period of time, electrical potentization is applicable. Intradermal needles may also be embedded and left in place.

Specifically when treating the Lumbar and Leg point on the hand, the needle is inserted at a 15-30 degree angle to the skin in-between the tendon of the extensor digitorum and the metacarpal bone. It should be inserted to a depth of from 5-8 FEN.



In general, points of the hand are quite sensitive and can be painful to needle. Also these points require strong, i.e. somewhat painful, stimulation in order to achieve the desired effect. However the effect of the points is often so dramatic in reducing pain at the site of injury that this technique is highly recommended.

CHAPTER NINE

MAGNETOTHERAPY

Since originally writing HIT MEDICINE I have learned a bit more about Magnetotherapy and have found it to be very useful in injury management. In Chinese Magnetotherapy is called CI XUE LIAO FA. Although the use of loadstone as part of the "herbal" pharmacopeia dates back as far as the SHEN NUNG BEN CAO and although Sun Si Miao suggested placing magnetite on injuries to relieve pain, the use of Magnetotherapy in Chinese medicine is a relatively recent phenomenon. Dr. Chen in Hunan has done considerable research in the therapeutic use of magnets placed over acupuncture points. Most of the information on Magnetotherapy given below is based on Dr. Chen's work, AN INTRODUCTION OF MAGNETOTHERAPY.

Dr. Chen has developed five types of generalized treatment plans which utilize the concept of polarity. The first approach is to use the North pole of the magnet to treat all the selected points. This method is mainly used when treating one or a few AH-SI points not associated with major channels. The second approach is to use the North pole of one magnet to stimulate the Back SHU Points and the South pole of a second magnet to stimulate the front MU points. Such a combination would be Bl 13 and Lu 1 for respiratory problems or Bl 8 and Liv 14 for Liver ailments. The third pattern is used when a pathology is located along the course of a specific meridian. In such a case one can place the North pole of one magnet on a point above the pathology, i.e. up stream from the lesion, and the South pole of another magnet on a point below the problem. This must take into account the direction of flow of the different meridians and basically deobstructs that flow. This method is suitable in the treatment of Bi syndromes. The fourth pattern is to use two points which are opposite each other on Yin and Yang meridians, such as Per 6 and TH 5, Sp 9 and GB 34. In such cases one should place the North magnet on the sores of the two points. And the fifth pattern is to place the North magnet on the point of pain and the South magnet on any area which feels numb and is energetically related to the point of pain.

The following point combinations are Dr. Chen's suggestions for points amenable to Magnetotherapy relating to joint and soft tissue pain.

Jaws: SI 19, TH 17, LI 4

Spine: HUA TO JIA JI points in affected area, GV 26, Bl 51, Bl 54

Shoulder: LI 15, TH 14, SI 11, TH 3, GB 34

Elbow: LI 4, LI 11, TH 10

Fingers & Hand: TH 5, LI 10, TH 4, LI 5, SI 3, Per 7, & PA XIE or Eight Evils Points

Low Back: Between Lumbar 5 and Sacrum 1, GV 3, Bl 54, Bl 60

Hip: GB 29, GB 30, GB 34, GB 39

Knee: St 34, St 35 (medial & lateral), Sp 9, GB 34

Ankle: St 41, GB 40, Ki 3, Bl 60, GB 35, Ki 8

Toes: GB 35, Sp 4, Bl 66, PA FENG or Eight Wind Points

In the treatment of trauma and Obstructions with magnets use 1000-3000 gauss magnets for twenty to thirty minutes per day. These may be tapped with a small mallet and dowel to increase their stimulation or they may be electrically potentized. After the treatment, select one and not more than two painful AH-SI points and tape 500-600 gauss magnets in place over them. These can be left on overnight. This sequence can be repeated daily until resolution is obtained. Such magnetotherapy lends itself to situations where acupuncture is not appropriate such as with the needle phobic and with young children. It is also useful when the patient cannot conveniently return for frequent office visits. In such cases the patient can be instructed in how to administer the magnetotherapy at home.

The contraindications which Dr. Chen gives for Magnetotherapy are with patients whose leukocyte count is below 4,000, during pregnancy, and with severely Deficient patients. For infants from 3 months to 1 year magnets should not be stronger than 100 gauss and no more than four points should be employed simultaneously. When treating those who suffer from TB or hypertension or who are old and debilitated, one should use 500-600 gauss magnets. It is also best to use between 300-500 gauss magnets for stimulation of points below the elbows and knees especially if these are to be left in place overnight or for several days. Whereas on the proximal extremities and torso 1000-3000 gauss magnets are preferable.

Another way magnets can be used is for dispersing lumps under scar tissue. Select whichever pattern for treatment is most appropriate and treat on a regular basis. The dispersal of such lumps is especially important if pain or numbness radiate from such scars. Magnetotherapy can disperse such Obstructions and establish a more free-flowing circulation of Qi and Blood through the area.

Acupuncture suppliers, such as Oriental Medical Supplies, carry a wide variety of magnets suitable for "acupuncture" Magnetotherapy. These range from magnetized pellets for auriculotherapy to magnet necklaces and lumbar belts. Magnetic electrodes are available that can be attached to standard acupuncture electrostimulation machines. Not only can Magnetotherapy be used by itself, but it can be combined with acupuncture. 500 gauss magnets can be taped over AH-SI points and left in place for two to three days between acupuncture treatments.

When leaving magnets in place overnight or for several days it is important that when the magnet is replaced that it be put back on the sorest or tenderest spot, not necessarily on the exact same spot it was placed before. In other words, location of AH-SI points by palpation is an important part of successful Magnetotherapy, and of Hit Medicine in general. The significance

of AH-SI points was first emphasized by Sun Si Miao and they are often overlooked by those acupuncturists who have not trained and worked in massage prior to studying acupuncture. In Japan almost all points are located by palpation. This locates where the obstruction really is as opposed to where it theoretically should be.

Typically, after one or more days the point of sensitivity will shift slightly. As with deep massage on AH-SI points, such a shift is a good reaction. With each such shift the energy bound up with the obstruction will be dissipated until it eventually becomes too weak to maintain itself. At that point it will be swept away by the flow of Righteous Qi and dissolved which is the goal of all TIEH TA treatment.

CHAPTER TEN

CHINESE HERBALISM

Although most westerners think of acupuncture when Chinese medicine is mentioned, the generic term for Chinese medicine in Chinese, ZHONG YI, is more commonly applied to Chinese herbal therapy. ZHONG YI YAO, meaning Chinese medicinal herbs, is an extension of this first term. Chinese herbalism runs the gamut from simple one herb remedies to complex polypharmacy formulae of over fifty ingredients. This same range of complexity is reflected in the TIEH TA specialty which utilizes everything from "low tech" to very "high tech" formulae. Chinese "herbalism" employs ingredients from the mineral and animal kingdoms as well as the vegetable and there are a number of very exotic ingredients in the Chinese pharmacopeia. The use of animal by-products (even human ones) is especially prevalent in Hit Medicine.

Chinese herbal formulae are carefully compounded combinations in regard to ingredients, amounts, method of preparation, and administration. In western herbalism, such carefully delineated and time-tested formulae, by and large, do not exist. Western herbal formulae are typically only a collection of ingredients all symptomatically good for a certain ailment lumped together under two assumptions: 1) if a little is good, more must be better, and 2) if this herb doesn't do the job, that one will. Many Chinese formulae date from the Han dynasty and are two thousand years old. They have been refined, tested, verified, and experimented with by a hundred generations of herbalists and in each generation their findings have been recorded and preserved.



The neophyte just beginning to use Chinese herbs should therefore stick to the classic formulae which have been tried and tested, to patent medicines and/or to very simple one herb remedies. The western approach of "shotgun" therapy is antithetical to the Chinese medical point of view where energetic diagnosis leads to the therapeutic principle which leads to a precisely formulated treatment plan. Use or abuse of Chinese herbs outside the framework of Chinese medical theory and practice may be dangerous and even fatal. Experienced practitioners have the right, and perhaps the duty, to experiment, but novices do not.

Poultices and Pantry Remedies

Within Chinese medicine there are both "high tech" formulae and techniques which require the skill and insight of specially trained individuals to diagnose and administer and simple folk or "pantry" remedies which might be readily available in the home or applicable by the layperson. Below are a number of single ingredient remedies useful in the management of simple injuries or when more sophisticated remedies are unavailable or as adjuncts to professional care administered at home between office visits.

Banana Plant: for those living in tropical and semi-tropical areas a decoction of the stalk and leaf of the banana plant taken internally is an effective remedy for all contusions.

Buckwheat: a poultice made of buckwheat (kasha) will relieve edema, swelling, and water retention. It alleviates Cold Stagnancies and therefore may prove useful during the residual phase of an injury in which the initial Hot Obstruction has transformed into a Cold or Damp Obstruction.

Burdock: the warm, crushed roots and leaves may be applied as a poultice to suppurating wounds characterized by Hot Blood, i.e. pussy infections, abscesses, boils, etc.

Carbonized Human Hair: place hair in a covered iron pot and bake with plenty of ventilation at a fairly high heat. The hair will "melt" like plastic into a black, shiny, obsidian-like mass. After this has cooled it should be crushed in a suribachi or mortar into a fine powder. Sprinkled on bleeding wounds it will stop bleeding and promote coagulation. The wound should be cleaned and debrided if necessary before application.

Chrysanthemum & Safflower Tea: make a very condensed or strong decoction of Safflower flowers and Chinese chrysanthemum flowers which are sold in Chinese apothecaries and many Oriental food stores. Chrysanthemum tea is a popular summertime beverage. Make a compress with this tea and apply it to the contusion for two or three days as needed.

Chestnut: powder dried chestnuts in a suribachi or mortar. Make into a strong tea and apply externally or bathe affected part in decoction for hematoma, wounds, pus, or skin infections. This remedy has been recommended by Sung Hyoun Baek.

Cuttlefish Bone: carbonize and pulverize cuttlefish bone and apply to cuts and lacerations to stop bleeding. It is used similarly to human hair. Cuttlefish

bone is an ingredient in compound herbal therapy where it is referred to as OS SEPIAE.

Daikon Juice: grate fresh Daikon or Oriental Radish to obtain 1 Cup of juice. Add to 1 Cup of water and heat just to the boiling point. Take internally for skin problems, ulcers, boils, and swellings. Daikon is a deobstruent and detoxicant.

Dentie Toothpowder: a mixture of carbonized eggplant calyx and sea salt. Dentie may be applied to wounds to arrest bleeding and to speed coagulation.

Garlic: a poultice of fresh, raw crushed garlic is useful for scabies, boils, and abscesses. In other words, it has a dispersing, detoxifying effect on Hot Blood problems manifesting on the skin. Therefore it may also be used for wounds that have become infected.

Ginger: roasted ginger powder may be applied to cuts and lacerations to stop bleeding. Ginger compresses made out of fresh ginger tea may be applied to sore joints after the initial inflammation has subsided to dissipate the residual Qi and Blood Stagnation.

Human Urine: urine from a boy under the age of 12 years old can be taken internally as a First Aid treatment for bruising and contusions. Boy's urine can also be the medium for taking other Hit herbs such as TIEH TA WAN, etc. However most westerners would probably not find this remedy appealing. It is credited with saving the lives of several martial artists after having been severely beaten.

Powdered Alum: applied as a styptic and coagulant to arrest bleeding.

Onion: a poultice of roasted onion can draw out foreign objects imbedded in the flesh according to my friend and fellow student Roger Andrews.

Realgar: an arsenic powder sold in Chinese apothecaries. It is mixed with rubbing alcohol to form a paste which can be applied to open, suppurating lesions in order to dry them and promote speedy scabbing and resolution. It is very cheap, has an infinite shelf life, and can be used for herpetic lesions whether genital or as a complication of radiation and chemotherapy. It is applied 3-4 times per day and is very effective.

Rhubarb Root: the powder of unprocessed Rhubarb root (RHIZOMA RHEI) is mixed with honey to form a thin paste. This can be applied to acute inflammations of the epithelium characterized by ulceration, intense pain, and even gangrene. It will Clear Heat, is a detoxicant, will Cool the Blood, and stop pain.

Seaweed: when applied as a compress, seaweed has cooling properties. Such compresses are used during the initial inflammatory stage of soft tissue injuries to the joints.

Sesame Oil: for First Aid use, roasted sesame oil is preferred. It can be applied to cuts and abrasions after blood flow has been staunched and will help wounds to heal without scarring. Sesame oil is often used as a base for other herbs in the treatment of skin problems.

Tea: 1 Cup of green tea to which has been added 2 teaspoons of shoyu, tamari, or soy sauce can be taken internally as an aid for the shock that often accompanies injury.

Taro Root: a poultice made from fresh grated Taro root mixed with a little white flour to bind it is very effective in reducing inflammations and Hot Obstructions. Potatoes can be substituted if necessary. The addition of a little fresh grated ginger or ginger juice may make the poultice more effective as the Heat comes out of the injury a bit.

Tofu: a plaster of crushed Tofu (Bean curd) may be applied similar to Taro root for the same reasons.

Peanut Oil: warm peanut oil may be applied regularly to stiff joints in order to relax the tendons and ligaments.

Vinegar and Safflower Tea: a soak of apple cider vinegar mixed with a strong tea of safflower flowers will help relieve swelling and obstruction in sprains of the ankle, fingers, and wrist. Safflower flowers (FLOS CARTHAMI) are a regular ingredient of most Hit Medicines since they are a strong deobstruent. Safflower tea may also be taken internally. However it is contraindicated in pregnancy. I was taught this soak by Lucjan Shila.

Ginger, garlic, onion, potato, green tea, soy sauce, and peanut oil are all foods that many Americans would have in their home. Tofu, buckwheat, daikon, and roasted sesame oil are available at health food, specialty food and Oriental food stores. Alum, rhubarb root, and realgar are available at Chinese herb stores and are quite cheap. Carbonized human hair can be readily made in the home with a little initiative. Cuttlefish bones are sold as parakeet food at all pet shops. It is my suggestion that at least one good coagulant be kept on hand in the home, clinic, or martial arts school.

For practitioners of Chinese medicine these home remedies are perhaps best used as adjuncts to professionally administered acupuncture, etc. They allow the patient to participate in their own healing at home in between scheduled office visits. And they can significantly reduce the number of office visits required which should always be an important consideration in the formulation of any treatment plan. Karmically, the healing arts are service vocations and should never be practiced as or from the point of view of a business.

Patent Medicines & Herbal Formulae

ZHONG YAO, Chinese herbalism, is the art and science of restoring harmony and health to the human body/mind through the use of herbs, minerals, and animal by-products in carefully prepared, compounded, and proportionally measured mixtures or combinations. It is a "high tech" polypharmacy in comparison to western herbalism or simple home remedies. Each "herb" is described and prescribed on the basis of its taste, temperature, "weight" and direction, meridian route, symptomatic action, synergism and antagonism with other herbs and foods, Five Element identification, and toxicity. Sophisticated combinations of herbs, each prepared in precise ways, can achieve results incomparably superior to western herbology. Chinese herbal preparations are administered as pills, powders, decoctions, tinctures, liniments,

unguents, plasters, poultices, soaks, and washes. Chinese herbal preparations can also be divided into proprietary "patent" medicines or over-the-counter, pre-packaged nostrums, or as individually prescribed and filled formulae.

Patent Medicines

So-called patent medicines are derived from famous formulae which have proven to be so effective over a long period of time for a specific set of symptoms that they have been marketed commercially to the general public. Their drawback is that they lack specificity in a case with idiosyncratic needs. However, in traumatic injury management there are not as many individual factors to consider as when dealing with a complex chronic internal disease. Therefore patent medicines for Hit medicine are some of the most useful of patent medicines and many different kinds are available. The ones that I have listed below are those which I have personally used and found to be effective.

Hsiung Tan Tieh Ta Wan

This is often called a Hit Pill by martial artists. It is taken internally for all non-bleeding injuries, especially contusions and sprains. It will reestablish the circulation of Qi and Blood thus reducing swelling and pain. Two pills are taken per day as needed. These pills may also be dissolved in alcohol to make a Hit Wine for external application. The longer the herbs are allowed to steep in the spirits, the stronger and more effective will be the liniment. Like most Hit medicines, these pills should not be used during pregnancy. Hsiung Tan Tieh Ta Wan are packaged 1 dozen to a box and a box of these should be kept in clinics and martial arts schools.

Chin Koo Tieh Shang Wan

This is another Hit Pill similar in use and action to the above.

Zhi Shang Wan

A third version of the Hit Pill. Like the Hsiung Tan Tieh Ta Wan, it can be dissolved in alcohol over heat and applied externally as a liniment. Unlike the two above, it can be crushed and the powder applied to arrest bleeding. Whereas the two above pills have generally similar ingredients, the ingredients and therefore the approach of this pill is quite different. Its actions are listed as reducing swelling, relaxing tendons and ligaments, sedative, carminative and "activating" to the Blood, hemostatic, and promoting the growth of muscular tissue.

Dosage of all three of these pills should be adjusted downwards for infants, the elderly, and the debilitated or Deficient.

Herbal Plasters

The LUNG HUA Hospital Traumatology Dept. is famous for its herbal plasters. There are three kinds of Herbal salves which are made up regularly and administered depending upon the nature of the trauma. One is more effective for inflammation, another for swelling due to Dampness, and another pene-

trates to the bones. These salves are smeared on a paper backing and then taped in place. The formulae for these plasters are kept secret although the salves themselves are distributed to many clinics and hospitals in the Shanghai area. The proprietary plasters described below are used similarly to the above although their action is more general.

Kou Pi Plaster

There are a number of herbal plasters available that are effective in the treatment of sprains, strains, and contusions. KOU PI Plasters are among the best known of these. They are also called Dog-skin Plasters. The herbs are suspended in a gummy base. To apply the plaster is heated in a very low oven or a toaster oven until the gum has become viscous. The plaster is opened and the side supporting the herbs is pressed over the injury. Care must be taken that the plaster has not been over heated. If so, allow the herbs to cool a bit or else you will add a burn to the wound already sustained. Once the plaster is in place the edges may be trimmed with scissors so as not to catch on clothing. The plaster may be left on for two or three days before preplacing if necessary.

Eighteen Lohan Plasters

There are reputedly based on a formula from the Shaolin Monestary. Martial artists may find these interesting due to the pictures of the eighteen Lohan included on the product information sheet (which has been reproduced on the following page). However, although the formula may be excellent there is not enough of it for anything more than a minor contusion. One other interesting note on this product is that a small packet of TIENCHI powder is included for internal consumption. But again, not enough of it.

Shanghai Baozhen Gao and Shanghai Zhitong Gao

Both are produced by the Shanghai Native Medicine Works and can be used similarly to KOU PI Plasters. However, these two "modern" plasters, rather than being a lump of herbs on a backing are made of herbal extracts impregnated on adhesive. They are cheaper and easier to use but they are not as strong as the old-fashioned ones. The first can be left in place 4-5 days and the second is retained 2-3 days. All three of these plasters contain herbs to speed circulation, reduce swelling, relax sinews, and sedate pain.

Salonpas

These are another similar plaster manufactured in Japan and are very popular throughout Southeast Asia. Although they do give effective pain relief, they are not designed to be anything more than an anodyne.

Chen Tung Kao

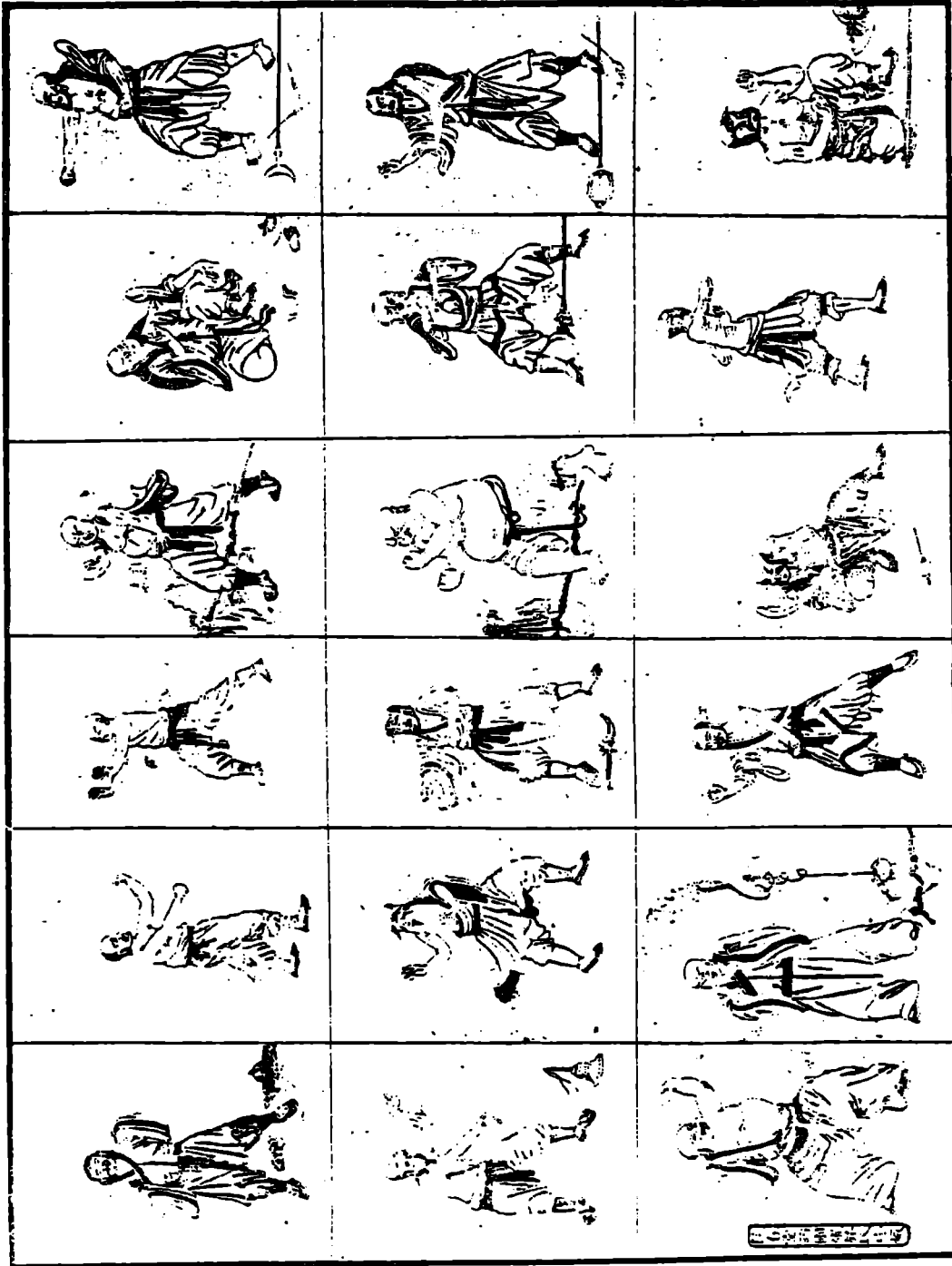
This is a Chinese version of the same thing as listed immediately above. It may, however, be a more effective anodyne due to the inclusion of Belladonna.

ABC Plasters

These are manufactured in Germany but are sold in most Chinese pharmacies. They contain Arnica, Belladonna, and Capsicum. These are applied cold but are Hot in nature. They not only relieve pain but also increase circulation and speed recovery. They are sold in large sheets and may be cut to fit

十八羅漢圖

福建莆田少林寺秘藏



少林寺真傳八十羅漢跌打風濕膏

長春堂藥園珍藏古本拳譜之一 翻印必究

the situation.

Liniments, Oils, & Embrocations

There are a large number of liniments, oils, and embrocations for external applications. Those that are alcohol based are collectively referred to as TIEH TA JIU or DEE DAT JOW, i.e. Hit Wine, by martial artists. However they do not all have the same use in clinical practice.

Zheng Gu Shui

This is a very powerful, very hot liniment for sprains, strains, and dislocations. It is also highly recommended for fractures. It is for external use only and should not be taken internally or used for any injury associated with an open wound. It should be applied several times per day or a piece of gauze soaked in it can be left in place over the site of injury which is then covered by a piece of plastic. However care must be taken that the medicine does not burn due to prolonged contact with the skin. This is especially likely in persons of fair and delicate skin. If Zheng Gu Shui does cause irritation or blistering, its use should be discontinued.

It is particularly effective in the treatment of deep bone bruises and hair-line fractures. It is not recommended as much for more diffuse wounds where there is a lot of swelling and edema. It should never be used in the treatment of a Hot Obstruction and its improper use may cause a Hot Obstruction to develop if the heat of this formula can not be readily assimilated by the circulation. Zheng Gu Shui can also be used as an anesthetic if the affected joint or digit is soaked in it prior to reduction or setting. It is sold in small bottles suitable for dispensing to patients for their home use and also in large bottles appropriate for the clinic.

Musk Zheng Gu Shui

This is a recent modification of the original formula. Musk is a particularly effective ingredient for relieving pain due to obstruction of almost any kind. This version of Zheng Gu Shui is especially good for analgesia in cases where there is considerable pain. However, some of my patients report that this version does not penetrate as deeply as the original formula.

Tieh Ta Yao Gin

This is an herbal liniment for less serious contusions and injuries. It is not as hot as Zheng Gu Shui and is more appropriate for injuries characterized by excessive swelling and hematoma. It can be used where there are cuts and abrasions. It can also be taken internally as well. It is disinfectant and makes a very good all-purpose liniment. Its one drawback is that it stains.

Wan Hua Oil

Wan Hua is an oil-based Hit medicine for external application. It is effective for the general range of sprains, strains, and contusions. Its fort   is in the dispersal of hard lumps and swollen bruises. Wan Hua Oil is also a useful remedy for sunburn and insect bites.

Kwan Loong Medicated Oil & Embrocation and White Flower Oil

These are two other all-purpose oils containing menthol, wintergreen, eucalyptus, lavender oil, etc. They are useful for minor aches and pains, toothaches, and itching. For fainting, they may be rubbed into the chest, back, and temple. For any internal use I prefer the White Flower Oil. One should be careful not to rub these oils into the eyes or the genitals.

Tiger Balm

The Vicks of Asia. This well-known remedy is used similarly to the above two mentioned oils. Tiger Balm comes in two strengths: Red and White, the red being the stronger. However the red will stain clothes. Tiger Balm is available as a cream and as an oil. Temple of Heaven is another similar product. Infant-strength creams are available.

Mopiko Ointment

This is made in Japan and is an analgesic similar to the above. It is a cream which comes in a tube. It is especially good for all sorts of itching, including vaginal pruritus.

Chinese Muscle Oil

This formula is descended from an ancient battlefield prescription of Hwa To. It is an herbal anesthetic and is noted for its ability to loosen tight muscles. It is also used as a remedial liniment for injuries. It is composed of *Asarum seiboldi*, *Gynura pinnatifida*, *Aconitum carmichaeli*, *Atractyles Ovata*, *Angelica laxiflora*, *Rehmannia glutinosa*, Camphor, Eucalyptus oil, Cassia oil, Methyl salicylate, and Lavendar oil. It is an especially good adjunct in stretching exercises when applied both before and after practice. Chinese Muscle Oil is marketed by the Oriental Herb Co. of Chicago.

White Tiger Liniment

This is also marketed by the Oriental Herb Co. It is for the initial inflammatory stage of a recent injury. Its ingredients are Alum, Phellodendron, and YANG MAI PIEH in a base of alcohol, methyl salicylate, and rectified turpentine. This is a Cold liniment which is not suitable for chronic Cold and Damp obstructions.

Green Willow Liniment

This is based on a formula from the Anhui College of Traditional Chinese Medicine. Its ingredients include Safflower flowers, *Aconitum carmichaeli*, *Angelica sinensis*, *Prunus persica*, Ephedra, Copper, Ginger, Licorice, Frankincense, Myrrh, etc. It is specifically indicated for injuries involving the ligaments and tendons. In other words, its ingredients target what in Chinese are called the CHIN or sinews. It is marketed by Blue Poppy Enterprises of Boulder, CO.

Dragon's Blood Liniment

This is likewise based on a formula from the Anhui College of TCM and is marketed by Blue Poppy. This liniment, however, is for injuries to the muscles since its ingredients access that particular energetic layer. It is

also a good liniment for relieving post-workout soreness and for increasing an athlete's ability to stretch. Its ingredients are: Frankincense, Myrrh, Rhus verniciflua, Safflower, Borneol, Costusroot, Camphor, Dragon's Blood, Turpentine, and Alcohol.

There are many other proprietary Hit wines available in Chinese pharmacies. Many pharmacies make and bottle their own special formulae. Also many different martial arts lineages have their own special formulae. It is often interesting to go into different herb shops and simply ask for DEE DAT JOW and see what you are given. Many times these bottles will be entirely in Chinese with no English name, explanation, or ingredients.

Coagulants & Styptics

Yunnan Paiyao

This is perhaps the most famous of the Chinese patent medicines to arrest bleeding and speed coagulation. It comes as a powder which can be taken internally and it can be sprinkled directly onto the wound. Yunnan Paiyao should be taken internally with alcohol or spirits to destagnate Blood and Qi due to contusions or sprains. To speed coagulation it should be taken with warm water, not alcohol. Cleaning and debridement should be done before external application. Once a scab has been formed the clot should not be tampered with. Each bottle of Yunnan Paiyao includes a tiny red pill. This pill is for emergency use in cases of extreme blood loss. Yunnan Paiyao is now marketed in capsule form in blister-pack wrapping but is considerably more expensive in this packaging. One of the main ingredients in Yunnan Paiyao is TIENCHI powder, i.e. Pseudo-ginseng. It is recommended that a bottle of Yunnan Paiyao be included in First Aid kits and kept in the clinic and especially in martial arts schools that teach the use of bladed weapons.

Originally this medicine was called Bai Bao Dan. It is still marketed under this name for consumption within China proper. Yunnan Paiyao is marketed primarily as an export item. This formula was created by a famous Chinese doctor who Chiang Kai-shek had executed when he refused to join the KUO MIN TANG.

Sai Mei An

This is a powder that can be used to stop bleeding but also has other uses as well. It can stop pain and is used in the treatment of scalds, burns, and blisters. It has strong anti-phlogistic and germicidal properties.

Tienchi Powder

Raw TIENCHI powder can be sprinkled on cuts, abrasions, and lacerations to arrest bleeding. It can also be taken internally to promote circulation and resolution of localized Blood Stagnation due to injury. TIENCHI or Pseudo-ginseng is a main ingredient in most Hit medicines. This is another medicine that should be kept on hand in clinics and dojos. For First Aid use, be sure that it is raw, as opposed to steamed, TIENCHI since the steamed has a different effect, i.e. it tonifies the Blood. In China, Tien Qi Pien, powdered Raw TIEN QI pressed into tablets are available. I have not been able to purchase these in the United States. They are very useful for internal dosage for several days after an injury when a Hit Pill would be too much. Raw TIEN

QI Powder also serves this same purpose as does Yunnan Paiyao.

Miscellaneous Patents in Hit Medicine

Ching Wan Burn Ointment

This is an excellent remedy for burns of all sorts, including those caused by moxabustion, whether accidental or intentional. Its effects are nothing short of amazing. It is also good for cuts, abrasions, scratches, bites, etc. It is another First Aid kit item.

Pure Pearl Powder

Pure powdered pearl is a famous remedy in Chinese medicine. It is used extensively in pediatrics for its cooling and sedative effects. It is also a minor elixir in the science of rejuvenation. It can also be used to resolve cuts without scarring or keloid formation. As such it is often included in other cut formulae and patents but it can also be used by itself. For this purpose several vials of powdered pearl are added to some lemon juice in which it will dissolve. This liquid is then applied several times per day to the wound once it has closed but while the wound is still an active scar, i.e. is still sensitive, discolored, or has a hard core. I first learned this remedy from a South American gypsy woman but have since come across it again in Chinese medicine. Creams containing Ginseng and Pearl are available in Chinese apothecaries but it is not clear how much of these two expensive ingredients they contain.

Gejie Da Bu Wan

This is a Kidney Yin tonic which includes ingredients to tonify the Stomach and Spleen, tonify Qi and Blood, to disperse Dampness, and also to strengthen and promote the growth of bone, tendons, and ligaments. It is a useful tonic to hasten the knitting of fractures and also as a general tonic to support and nurture the Righteous Qi after an injury has begun to heal.

Warning

According to a Drug Alert Bulletin published Oct. 29, 1980 by the Rocky Mountain Drug Consultation Center and circulated to MD's and Clinics in Colorado, certain patent medicines manufactured in Hong Kong are being adulterated with potentially dangerous allopathic drugs which are not recorded on their list of ingredients.

Since these patent medicines are marketed for the relief of arthritis, neuralgia, rheumatism, and various other Obstruction syndromes, users of Chinese patent medicines in the treatment of joint disorders should be forewarned. These adulterated patents are manufactured by the Nan Lien Pharmaceutical Co. and its subsidiaries. Chuifong Toukuwan Nan Lien (or Chuei-fong Tou-Geu-Wong), Chihshiton, Fonsuning Fongwan, Tsaitsaowan, and Long Life Brand Ginseng Hui Sheng Tsaitsaosan have been found to contain instead of or in addition to their listed herbal ingredients the following drugs: aminopyrine, phenylbutazone, dexamethasone, mercuric sulfide, indomethacin, and prednisone just to name a few. Prolonged ingestion of these medications has been reported to produce agranulocytosis and Cushings syndrome. As of the publish-

ing of this bulletin, there had been one recorded fatality in the U.S. due to the use of one of these patents.

Recently I have heard of other patent medicines which have been adulterated or manufactured with inferior ingredients. The user of Chinese patent medicines should be sure that they only buy patent medicines clearly marked manufactured in the People's Republic of China. It is my experience that patents from the PRC are all of high quality and unadulterated. This is undoubtedly because the profit motive is not such a priority and temptation in this socialist nation. PRC patents may not say "Made in PRC" but they will say made in this or that city or prefecture. If there is any doubt one should check a map or atlas to be sure that the city is on the mainland. In sum, my advice is to steer clear of patent medicines manufactured in Hong Kong.

Blood Activating Formulae

Chinese herbal formulae that circulate the Blood are classified as LI CHIEH CHI. Blood formulae can be divided into four categories: hematinic, hemostatic, cooling, and warming types. Injury management selection is made from the deobstruent and hemostatic formulae. This type of formula is also called "attacking" type and should not be used excessively. Prolonged or excessive use will injure the Qi. They are used specifically when blood has "over-flowed the vessels", i.e. extravasated, resulting in hemorrhage, epistaxis, hematuria, and hemafecia. They are most often contraindicated in pregnancy.

Chi Li San (Musk & Catechu Formula)

This is composed of Carthamus, Musk, Myrrh, Cinnabar, Borneol, Catechu, Calamus gum, and Mastic. It is very famous for treating external and internal injuries. It is used in the treatment of fractures, contusions, hemorrhage, punctures, lacerations, and burns. It is contraindicated in pregnancy.

Chiao Ai Szu Wu Tang (Gelatin & Artemisia Four Combination)

This is composed of Tang Kuei, Rehmannia, Atractylodes, Cardomom, Cnidium, Gelatin, Artemisia, Peony, Scutellaria, Cyperus, and Oryza. It is used to arrest internal bleeding from external injury and the resultant anemia.

Fu Yuan Huo Hsieh Tang (Tang Kuei & Persica Combination)

This formula is used in the treatment of Stagnant Blood and pain due to swelling from external injury. Its ingredients are Bupleurum, Licorice, Trichosanthes root, Tang Kuei, Persica, Carthamus, Rhubarb, and Anteater scales. It is a very strong formula which should be used only in patients of strong and robust constitution. It is very effective, however, when the pain of injury is severe.

Kuei Chih Fu Ling Wan (Cinnamon & Hoelen Formula)

This is a very famous formula for gynecological problems in young women of average constitution. However it is also effective as a Hit medicine. Its ingredients are Cinnamon, Peony, Hoelen, Moutan, and Persica. This is a very commonly prescribed formula and should be kept on hand in the clinic.

Shu Ching Huo Hsieh Tang (Clematis & Stephania Combination)

This is most often used in the treatment of rheumatic pain below the waist. It dissolves Stagnant Blood, relieves Water Stagnation, and relieves severe pain in the muscles, joints, and nerves of the lower extremities. Although this formula is most often prescribed for rheumatic pain due to alcoholism, sexual indulgence, and other internal etiologies, it is also effective in treating the chronic sequelae of improperly healed external injuries. Its ingredients are Tang Kuei, Cnidium, Peony, Siler, Citrus, Stephania, Rehmannia, Persica, Achyranthos, Gentiana, Angelica, CHIANGHUO, Atractylodes, Hoelen, Clematis, Ginger, and Licorice. This formula is based on Szu Wu Tang, a very famous Blood tonic formula.

Shu Kan Tang (Bupleurum & Evodia Combination)

This is most often used for rib pain caused by an internal trauma to the Liver due to excess anger. However, it may also be used to treat internal injuries due to external contusion which manifest as aching in the ribs since the effect of this formula is targeted for the costal region. Therefore it may be useful in treating broken or bruised ribs. This formula is composed of Bupleurum, Peony, Blue Citrus Peel, Tang Kuei, Cnidium, Carthamus, Persica, CHIH-HO, and Evodia. Pregnant women should not take this formula.

Szu Wu Tang (Tang Kuei Four Combination)

This is a famous gynecological formula. But it is also useful in treating anemia due to blood loss from injury or accident. It should not be used in the severely anemic patient with gastrointestinal weakness and a tendency to diarrhea. The side-effect of diarrhea in a seriously ill patient is a serious complication that should be immediately arrested. This is a simple formula whose ingredients are Tang Kuei, Rehmannia, Peony, and Cnidium.

Ti Tang Tang (Rhubarb & Leech Combination)

Its ingredients are Leech, Gadfly, Rhubarb, and Persica. It is a strong formula for the treatment of external injuries and gangrene in patients of a firm, strong constitution. It is contraindicated during pregnancy.

Tung Tao San (Tang Kuei & Carthamus Formula)

It is used to treat severe contusions which have caused serious internal bleeding. This condition may present as extravasated blood in the abdomen and a feeling of tension and a strong up-rushing beneath the heart. Its ingredients are Tang Kuei, Mirabilitum, Akebia, Sappan Wood, Rhubarb, Magnolia bark, Carthamus, CHIH-SHIH, Citrus and Licorice. It is also contraindicated in pregnancy.

All of the above formulae are to be taken internally. Most of these are available in extract form from the Brion Corporation in Hawaiian Gardens, CA. In this form the usual dosage is 1.5-2 grams three times per day. Formulae targeted for the lower part of the body are usually taken before meals. Formulae targeted for the upper part of the body are usually taken after meals. The English names in brackets are the Brion Corp.'s names for these formulae in their catalogue, not necessarily their literal translation. The Brion Corporation is the American Distributing branch of the Sun Ten Pharmaceutical Co. of Taiwan. These freeze-dried and extracted formulae are easy to take and are well accepted by American patients.

Herbal Compresses

Formula from CHINESE MASSAGE THERAPY by Lee and Whincup, acquired from the Anhui Medical School Hospital.

Ingredients:

Notopterygium incisum	9 grams
Angelica Duhuo	"
Boswellia glabra	"
Commiphora myrrh	"
Aconitum carmichaeli	"
Lycopodium cernuum	"
Cinnamomum cassia	"
Chaenomeles lagenaria	"
Liquidambar formosana	"
Acorus gramineus	"
Larrada aurulenta	"
Carthamus tinctorius	"

Preparation and Application: Place herbs in cheesecloth pouch. Immerse in boiling water, approximately 1 quart. Soak two towels in this decoction. Apply one towel at a time to affected area for one to two minutes and replace with the other not towel, constantly alternating as each towel cools off, at least ten or more times. Afterwards be sure to keep the affected area dry.

Formula from YUE YANG Hospital, Shanghai, PRC.

Ingredients:

Tang Kuei Tails	9 grams
Aconitum carmichaeli	"
Boswellia glabra	"
Commiphora myrrha	"
Carthamus tinctorius	"
Liquidambar formosana	"
Cinnamomum camphora	"
Lycopodium cernuum	"

Preparation and Application: Same as above.

This formula is cheaper than the above and entirely "vegetarian". It is reasonably effective and shares many of the same ingredients.

Ointments For Tissue Regeneration and Anti-inflammation

Golden Yellow Powder

A formula for skin inflammation in general, it can also be used as a cut medicine once bleeding has been arrested. It is composed of Trichosanthes, Phellodendron, Rhizoma rhei, Curcuma longa, Angelica, Magnolia, Citrus peel, Licorice, Fructus xanthii, and Rhizoma arisaematis. It is mixed with vaseline or other neutral ointment base. Personally, I prefer a combination of beeswax

and sesame or olive oil. If there is exudation and ulceration it should be sprinkled on dry and the lesion should be kept dry and exposed.

Powder for Regeneration of Tissue

This may be applied dry to an ulcerous lesions whose healing is delayed. Its ingredients are Mirabilitum, Talc, Os sepiae, Dragon bone, Litharge, Alumite, and Dry rouge or carmine.

Tzu Yun Gao (Lithospermum Ointment)

This is composed of sesame oil, Flava wax, Tang Kuei, Lithospermum, and Lard, and is a famous topical ointment (GAO or KAO). It is used for eczema, tinea, calluses, corns, acne, frostbite, prickly heat, body odor, alopecia, external injuries, burns, frostbite, rectal prolapse, hemorrhoids, and ulcerations. It is excellent for inclusion in a First Aid kit because of its wide spectrum applicability. It Cools the Blood and detoxifies as well as promoting healing. It is available from the Brion Corporation.

CHAPTER ELEVEN

PREVENTIVE MEDICINE FOR MARTIAL ARTISTS DURING TRAINING

The growth of the martial arts in the United States has been nothing short of phenomenal. Peter Ralston won the World Open Full Contact Championship in Singapore several years ago using Internal Kung-fu, the first westerner to capture this title. Numerous other Americans have won less prestigious bouts and championships in Asia. However, most martial artists training in the United States are very technique oriented both in terms of training procedures and goals. Many Americans have followed Bruce Lee's lead in eclectic and personally supervised training. Although the American fighters are able to gain remarkable fighting proficiency in a short period of time, it is not clear yet at what price. Americans' use and possibly abuse of Oriental martial arts training techniques is similar to the course of contemporary western medicine -- a great deal of surface brilliance but at what cost over a period of time.

Traditional martial arts teachers proceed(ed) slowly, following certain laws of growth and development discovered and elucidated over centuries and scores of generations. Training procedures may and often do effect the energy flow in ways that only become apparent years later. This is similar to delayed effect of x-rays, food preservatives, environmental pollutants, etc. I have met one old herbalist in San Francisco who is popularly referred to as Scarhead. In his youth he trained in and developed "head" kung. Several years ago he suffered a stroke which one of my teachers has said was a common occupational hazard of practitioners of this discipline. Recently a friend returning from the Peoples Republic of China told me of the elderly Tai Chi practitioners he saw being treated for hypertension because of their Tai Chi practice. And of course, the premature death of Bruce Lee is speculated by some to be due to his self-conducted experiments in internal training after he was refused tutelage by various "Old Masters" such as Sifu Ark Yuey Wong of Los Angeles. Even the rather young death of the great Cheng Man-ching raises questions about his training and at what price he bought power.

In traditional training, under a qualified master who is a member of a lineage spanning generations, the harmful side-effects of martial arts training are mitigated by the use of herbs, moxa, cupping, massage, etc. Since the penultimate level of Chinese medicine is preventive it seems appropriate to include a section on training medicaments for martial artists.

Although the division of martial arts training into internal and external is

perhaps simplistic to the point of being misleading, such a division may be useful in discussing Chinese medicine vis a vis training. Since most Americans are involved in external training, i.e. developing striking power through developing muscular strength combined with speed and focus, we will start with that.

The hallmark of this type of training is the striking of some object or surface to toughen or harden the striking appendage. There are two potential problems that are likely side-effects of this type of training. The first is that repeated microtrauma resulting in subclinical obstruction to the flow of Qi and Blood may add up over time to create more serious obstruction. In order to prevent this, herbal liniments are rubbed into the striking appendage. Such liniments are generically referred to as DEE DAT JOW, a colloquial pronunciation of TIEH TA JIU or Hit Wine. Different schools or styles of Kung-fu have their own formulae for such liniments handed down from teacher to student to fit the particular needs of that school's training. In general, these formulae stimulate the superficial flow of WEI or Defensive Qi, activate the Blood and deobstruct Stagnation, relax the tendons and ligaments, harden the bones, and in general disperse all coagulations. Typical components of such Hit wines are Tienchi and Tang Kuei to promote Qi and Blood circulation; Safflower, Curcuma, Musk, etc., as deobstruents; and Camphor, Eucalyptus, Menthol, Borneol, and Cajeput to stimulate the WEI QI.

Hit wines are available in most Chinese pharmacies and in some martial arts supply stores. These are usually very generalized formulae not specific to certain stages or types of training. There are, however, a number of very specialized liniments formulated for the specific needs of different types or levels of hand training.

There are or can be several stages in the development of the hands as a striking weapon. Before beginning striking a makiwara, sandbag, etc., the teacher should first ascertain that the student is in good health and especially is not suffering from any circulatory problems which might manifest as cold hands and/or feet due to Liver Qi Congestion. If such a condition does exist, it must be corrected before striking training begins. If the student is healthy and has normal circulation, then training may begin using a hot liniment designed to develop the WEI or Defensive Qi. This liniment is applied before and after striking practice. One such liniment is called Imperial Fire. Its ingredients are: Aralia bipinnatifida, Atractylis ovata, Cinnamomum loureirii, Aconitum carmichaeli, Epimedium Koreanum, Zingiber nigrum, Allium odorum, Angelica gigas, Dioscorea batatis, Ligusticum lucidum, Lavendar oil, Eucalyptus oil, Methyl salicylate, Camphor, Cassia oil, and Brandy. It was developed by Master Gua of the Shaolin Monastery. This liniment should not be applied when not training. Without the stimulation of striking a surface, the heat in the liniment would back up and cause a Hot Obstruction.

When the student applies such a hot liniment and rubs it into their hands, it should produce a warm and tingling sensation and the skin should display a mild erythema or reddening. Depending upon the individual, after from three months to a year of continuous and diligent striking practice, this initial liniment will no longer produce the warmth and tingling. At this point the teacher may decide to increase the stimulation with a very hot liniment such as Ministerial Fire. Such a very hot liniment as this should not be used without prior training since it might also cause a Hot Obstruction should the heat be more than the system could circulate efficiently.

This liniment should only be applied to the hands and should not be used for other purposes. Very hot liniments are usually only applied for a specified length of time. Ministerial herbs and formulae mean that they do have a certain toxicity and should not be used inappropriately or for prolonged periods. This type of liniment is used to bring to a conclusion the Hot or Yang phase of conditioning the hands. The usual duration of this phase of training is three months. The formula for Ministerial Fire Liniment was developed in the fourteenth century by Dr. Gang Chung. Its ingredients are Aconitum carmichaeli, Eugenia caryophyllata, Commiphora molmol, Amomum medium, Amomum cardamomum, Piper longum, Eucalyptus oil, Camphor, Methyl salicylate, Olive oil, Mineral oil, Lavender oil, Cayenne tincture, Cajeput oil, Cassia oil, and rectified Turpentine. If the effects of this formula are found to be too hot and irritating after it has been applied, it should be washed off with mild soap and water or with Licorice tea.

Iron Palm is a specialty hand training and it requires a special liniment that not only protects the hand and its energy and structures from the shock of contact but also closes all the acupuncture points of the hand except for LAOGONG, Per 8, the heart or well of the palm. All the energy of the hand is focused into this one point. Likewise there are specialty trainings for developing striking power with the fingertips. It is my experience that training in CHIN-NA or grappling without the use of a liniment does result in stiffening of the joints. The herbal ingredients keep the ligaments and tendons supple and tighten the joints while at the same time lubricating them.

Not only are the hands conditioned by striking but also often the forearms and shins. After such toughening it is important to apply a general purpose hit liniment to speed resolution of damage done in training. After all, this training is based on the concept of doing a certain amount of controlled damage to the body under the assumption that in the repair process the body's inherent wisdom will modify flow and structure to cope with similar levels of stress in the future. It is especially important to treat and heal as speedily and completely as possible bruises on the forearms and shins which may be on or in close proximity to one or several of the body's sixty-six Command or Antique points. These points have an important regulatory effect on the metabolism and energy flow of the meridians and internal organs. Consequently these points are often specifically attacked in the art of TIEN HSUEH or DIM MOK, i.e. Spotting.

The second potential problem that may arise from improper or excessive external training is the overstressing of internal organs and over-fatiguing of the body's essential energy. The body creates energy on demand through what is known as Triple Heater Energetics. Exercise stimulates the production of Qi and Blood but over-exercise can fatigue and deplete stores of Qi and Blood. That is why it is important not to overtrain, not to train when hungry, not to train when depleted by sex, and not to train when over-tired. It takes Qi to make Qi. When Qi becomes depleted through lifestyle and diet, it is difficult to catalyze the production of more. Therefore it is important to keep one's internal stores of Qi and Blood in good repair. For this purpose, many martial artists resort to the use of herbal wines and liquors, herbal teas, or herbal congees. Grandmaster Alan Lee in New York City gives his students small amounts of herbal congee at the end of classes for this reason. There are a wide variety of herbal liquors that are designed to tonify certain types of energy or certain structures. Gecko Wine, Antler Wine, and Tiger

Bone Wine are just few of these. Tiger Bone Wine was used by the Emperor's guard as an herbal stimulant to increase alertness and mental clarity and helps to rebalance energy circulation after hard training.

The Hot, Yang WEI QI developed by external training is very volatile. It is "massive", explosive, and hard to focus or direct precisely. After having completed the type of external training outlined above, some students will want or be directed by their masters to continue onto a more internal training. In general, internal training is done with relaxed, soft movements coordinating breath control with visualization in a meditative state. In order to focus and refine and gain precise control of the power developed in the hot training, Cold liniments are used to drive the WEI QI into the YING QI and ultimately into the marrow. WEI QI and Yin YING QI are fused or united. The power of the WEI QI is wed to the focusability and directability of the YING QI. In White Crane Kung-fu (ZHI-TSANG MI-TSUNG LA-MA PAI), this is accomplished through the exercise and form referred to as Needle-In-Cotton. This is the training that leads one to TIEH HSUEH ability or spotting a point, i.e. acupuncture point. I am familiar with two liniments for use in this type of Cold training. The first is called Jade Goddess. Its ingredients are *Trichosanthes kirilowii*, *Sophora angustifolia*, *Mentha arvensis*, *Angelica dahurica*, *Picrorhiza kurroa*, *Cyperus rotundus*, Ethanol, Peppermint oil, Eucalyptus oil, Methyl salicylate, and rectified Turpentine. This formula was developed by an anonymous swordmaster in Korea. It must not be applied to the chest and especially the area of the Heart. It should not be used at the same time when one is using a Hot liniment. And, it should not be used unless one is actively engaged in the appropriate training. After having used this Cold liniment for some time, there is an extra-cold liniment called Iron Goddess that can be used similarly to Ministerial Fire in the hot training.

This is a precise sequential process that has its own rules. The appropriate response after applying the Cold liniment is a sense of coolness penetrating into the hands and especially the fingers. When I did Needle-In-Cotton training, my teacher did not use any liniments nor did he adequately explain the process. (Most likely because he himself did not know the particulars.) After training for several months, my hands became very cold and my joints, especially the metacarpal-phalangeal joint of my index finger, became arthritic. Later on I learned that this coldness and arthritic feeling were appropriate signs of progress. However, use of the proper liniment would have mitigated any unwarranted side-effects of the training and increased my confidence in the process. In my case this joint pain disappeared as soon as I discontinued this training.

Even doing much more non-specific internal training such as Tai Chi Chuan, Tai Chi Ruler, Qigong (Chi Kung), etc., it is very easy for the untutored individual to create more problems than benefit over a long period of time. The most common side-effect of improper internal training is a blockage or Obstruction of Qi internally. I have seen this and treated it often in American martial artists and in myself. In general, the Middle Qi becomes unbalanced. The Liver loses its spreading function and over-controls the Stomach. This attack by the Liver Qi causes the Stomach to rebel upwards. This may manifest as belching, hiccoughs, headache, hypertension, stiff neck, pressure in the eyes, chest pain, numbness and/or twitching of the extremities, even stroke, heart attack, and epilepsy. The pulse will feel rough, obstructed, irregular, and choppy and/or tight and wiry. The first sign of this kind of adverse side-effect from internal training will often be excessive

gas, especially the need to belch or burp or the feeling of need. There may also be a sensation of something stuck at the base of the throat behind CV 22, TIEN TU. This is called "Plum Seed Qi". Acupuncture treatment should be directed at decongesting the Liver, spreading the Liver Qi, and causing the rebellious Qi to return to its place. Points are selected according to the idiosyncratic symptoms. Herbal formulae are selected from either the Harmonizing category or the Qi Obstruction category depending on the ramifications of the case.

Should Qi Obstruction not be treated, it will eventually evolve into Qi Stagnation which in turn will become Qi and Blood Stagnation which is more serious. In this case, treatment is directed at decoagulating the XUE or Blood. The treatment will depend on where the stagnation is found. Herbs of choice will fall mostly within the exsanguinitives.

People who have a tendency to or history of hypertension should only engage in internal training under qualified guidance. In some cases, correct Tai Chi or Qigong may cure hypertension and related syndromes. In others it may cause or aggravate these very same problems. Disorders caused by improper training may be quite recalcitrant since they were created artificially in a sense. After a number of years of clinical practice, the practitioner will be quite familiar with the typical syndromes caused by improprieties of diet, sex, emotions, and lifestyle. But pathologies created by specific trainings may prove to be out of the ordinary and quite convoluted.

On a preventive level, which is the rationale for this whole section, regular massage, whether administered by the self or another, is an excellent way to keep Qi and Blood moving and in balance. Chinese Taoist and Buddhist ascetics who spent their lives in caves doing Qigong often had assistants whose job it was to massage their masters daily. I have done this for my own Teacher who in turn did it for hers. Also it is necessary for the younger practitioner to engage in more aerobic or vigorous exercise in conjunction with internal training. This does not mean weight training, but running, sports, fast forms, calisthenics, etc. If more Qi is generated than can be circulated adequately, it will become obstructed internally. Some practitioners have read that hard and soft should not be practiced simultaneously. But this should not be interpreted as an injunction against quick, active, and aerobic exercise. For older practitioners, Qigong and internal slow motion exercises such as Tai Chi may be all the exercise needed since they are not likely to over-produce energy due to their generally deficient state. Qigong without adequate means of circulation can be as dangerous as taking a lot of Korean ginseng by an excess-Yang-constituted young adult.

In many cases the required preventive for internal training is simultaneous training of the SHEN or character. From the Chinese medical point of view, the bodymind is a holistic unity. Emotions and ideas are not separate from Qi and Blood, Yin and Yang. Proper motivation and ethical development are not therefore dispensable and quaint adjuncts to internal training, but, as the more traditional teachers know and insist, are the SINE QUA NON of safe and successful training. However, this type of training is difficult to find in our speedy, materialistic, and commercialized society.

CHAPTER TWELVE

GENERALIZED TREATMENT PLANS FOR VARIOUS INJURIES

The generalized instructions which follow must be adjusted on an AD HOC basis depending upon the presenting case. Practitioners should be aware of basic western First Aid procedures as outlined in ADVANCED FIRST AID & EMERGENCY CARE published and distributed by the American National Red Cross. These Chinese treatment plans should be used in conjunction with such standard procedures which for the most part transcend the dichotomy between East and West. In some cases, Chinese First Aid may be at odds with its western counterpart, but not usually. Chinese methodology is a useful addition to basic First Aid which can be used adjunctively. In most cases Chinese treatment goes beyond western First Aid in its implications and subtleties rather than denying the latter's validity. The practitioner is advised not to ignore contemporary standards of treatment in their community without fully appreciating the legal consequences. Oriental religious philosophy, which is the basis of Oriental medical philosophy, suggests that treatment in this life must be balanced by considerations for the lives to come. Therefore surgery, radiation, chemotherapy, and many of the other modalities of allopathy were not widely practiced since they only seem to drive the energetic disharmony to deeper levels of the bodymind rather than effecting a fundamental cure. However in the case of traumatic injuries and accidents the advances of western medicine should not be ignored or downplayed. Imbalances caused by western allopathic treatment are often rectifiable by competent Chinese medical treatment, but only if the patient is alive.

Basic Principles and Diagnosis

The following basic principles of traditional Chinese injury management are based on lecture notes from classes given by Sifu Kenneth Gong in New York City.

External injuries include trauma to the bones, tendons, ligaments, muscles, and skin.

Internal injuries include trauma to any of the internal organs and the head.

The repercussions of injuries to the various tissues:

- a) Deep cuts into the muscles harm the lungs and the WEI QI. Therefore it is imperative that such incisions be cleaned and closed quickly.

- b) Bruises and contusions harm the "arteries". My guess is that the original Chinese is that they harm the JING-MAI or channels.
- c) Sprains and pulled or loose tendons and ligaments may harm the Liver. In turn they may be due to a Deficient Liver.
- d) Bones when broken secrete a juice which stiffens the muscles around the bone creating pain and also immobilizing the area.
- e) Any injury to the front of the body may harm the Liver

When treating a person for a traumatic injury the four diagnostic methods of Chinese medicine are routinely applied. The practitioner should ask the patient about the location, nature, and cause of the pain. They should also ask about any other factors which might complicate the case or alter the treatment, such as menstruation in a woman, hepatitis, hemophilia, etc. The practitioner should palpate the pulse about which more will be said below. The practitioner should look at the site of the trauma but also at the patient's face and demeanor as well. Contracted pupils signify a great deal of pain. Dilated pupils suggest the patient is beyond pain. If the patient's face is pale and waxy after the loss of blood, this is dangerous and the patient should be hospitalized. Listening to the patient means to note their manner of speaking, their manner of breathing, and to listen to the bones and tendons as they move.

Many practitioners downplay the importance of pulse palpation when treating a traumatic injury. However there are a number of things the pulse can tell about the effects of an injury and about the prognosis.

- 1) If the pulse is not solid, small, weak, and rough, this means that the injury is bad and that the body is having difficulty coping. In other words the pulse does not correspond to what is otherwise normal in a traumatized patient.
- 2) If the pulse is small, slow, and rough, it is a good sign. It means the Heart is making an effort to move the Stagnant Blood.
- 3) If the pulse is unclear or changes its rhythm or size and shape often, it is a dangerous sign even if the patient otherwise appears to feel fine. Sifu Gong says this is an indication of infection.

Besides these general indications of the pulse, twelve of the twenty-eight classical pulses have particular significance in terms of injury management.

Fu Mai, Superficial pulse: This is a floating pulse like wood on water. In an injury this means it is recent, that there is Stagnant Blood or ecchymosis, and that the patient is dizzy or shaking.

Chen Mai, Deep pulse: The pulse can only be felt on deep palpation. In an injury this means that the Blood has been harmed. It can also mean there is pain in the lumbar spine.

Chi Mai, Slow pulse: The rate is below 60 beats per minute. In an injury this indicates cramping or a contracted tendon which hinders the pulse. It can also mean Stagnant Blood of long duration.

Shu Mai, Fast pulse: The rate is over 90 BPM. This is often encountered after a recent injury if there is fever.

Hua Mai, Slippery pulse: This is a pulse which feels even and smooth like pearls rolling on a plate. In an injury it indicates Stagnant Blood in the thorax.

Se Mai, Irregular pulse: It is irregular in rhythm, faint, and slow. It usually

indicates Blood Deficiency with impairment of Yin or Stagnant Qi and sludging of Blood. In terms of trauma medicine, it may indicate an old injury which has gathered Stagnant Blood for a long time and which consumes the body's juices from the injured area. Such an injury often worsens with weather. This is common especially in old joint injuries.

Hang Mai, Full pulse: The pulse comes on forcefully and then fades away like the surf. In an injury this means the meridian is Hot due to Stagnant Blood transforming into Heat and "burning the meridian".

Kou Mai, Hollow pulse: It feels hollow like a scallion leaf. It is usually palpated after severe hemorrhage.

Xi Mai, Small pulse: It is small, soft, and forceless. It is also called a thready pulse. It indicates Deficiency of Qi and Blood due to overwork, too much sex, etc. It also indicates a fatigued Liver.

Jie Mai, Irregularly Intermittent pulse: It is slow and misses beats at irregular intervals. In an injury it indicates pain in the ribs due to Stagnant Qi and Blood in the thorax.

Dai Mai, Regularly Intermittent pulse: It is slow and weak with missing beats at regular intervals. This indicates a long-standing injury which has weakened the Righteous Qi of the internal organs.

Da Mai, Large pulse: This is the large pulse which fills the fingertips. Very severe pain will cause the Heart to contract thus creating a larger than normal pulse. It is only dangerous if it is not accompanied by pain.

Contusions (Cuo Shang)

Bruises, contusions, hematomas are localized obstructions of Qi and Blood accompanied by "substantial" extravasation of Blood. Treatment should be directed at relaxing the tendons, i.e. relieving muscle spasm, reactivating or connecting meridian flow, deobstructing flow of Qi and Blood, and dispersing coagulation or ecchymosis of Blood. For minor contusions the application of a Hit liniment or camphorated oil externally is all that is usually necessary or the application of a minor plaster like Salonpas. For more serious contusions internal administration of Chinese herbs such as Kuei Chih Fu Ling Wan (Cinnamon & Hoelen Formula) or the patent medicine Hsiung Tan Tieh Ta Wan is advised plus external application of an herbal plaster or liniment. This may be supplemented or supplanted by Seven Star Hammer and/or Cupping treatments or a ginger compress. For even more serious contusions, Judo Revival Points such as Bl 60 are recommended for immediate massage to reduce the pain. Internal herbs should be taken and deep massage should be administered to release the deep muscle spasm that usually accompanies injury. This massage may be replaced by acupuncture or followed by it. Acupuncture points should be selected above and below the contusion primarily on the Yang meridians traversing the area. A swollen, edematous contusion should be bled with a Triangular Needle. Depending upon the extent of the extravasation of Blood, points which help disperse Blood Stagnation such as Bl 17, Sp 10, etc. may be employed. Other points may be selected depending upon the energetic nature of the results of the contusion, both subjective, such as the exact quality of the pain, and objective, such as the relative proportions of edema, inflammation, and extravasation. After acupuncture a plaster may be used. Acupuncture may be repeated daily or regularly, and treatments

may be continued by Seven Star Hammer, Cupping, and/or liniments. If there is a deep bone bruise without much swelling of the soft tissue, a very Hot and penetrating liniment such as Zheng Gu Shui should be used. If the bruise is more superficial and there is a lot of swelling and inflammation, a less Hot liniment like Tieh Ta Yao Gin is preferable. Internal herbs for contusions which are mostly exsanguinitives should not be taken for more than a few days. Their use should be restricted to the initial post trauma healing phase.

Sprains & Strains (Niu Shang; Shan Shang)

Sprains result when a joint is forced to extend or exceed its normal range of motion which then causes damage to the muscle tissue, tendons, ligaments, and/or the joint capsule. Colloquially in Chinese sprains are referred to as SHANG CHIN or "Sinew Assault", sinew here referring to connective tissue in general. The range of possible treatment is wide and depends largely on the availability of medications and training, experience, and inclinations of the practitioner. In general, if the patient is not pregnant, bleeding, or a hemophiliac, internal herbal therapy is recommended. Hsiung Tan Tieh Ta Wan is my favorite clinical standby for ease of storing, administration, dosage, and effectiveness. If herbal and acupuncture treatment can be administered within an hour or so of the accident, I do not recommend or use icing of the injury since it is my feeling that this very strong intervention causes constriction of the energy flow and neutralization of the WEI QI function which, although it does retard fluid build-up, also delays healing. In response to my queries about the Chinese view of icing an injury, Dr. Lu of the Tuina Dept of Yue Yang Hospital in Shanghai, felt that this should only be done during the first 4-6 hours after injury. Acupuncture is effective in controlling fluid build-up without any side-effects. It is administered along with bleeding of the tenderest AH-SI Point in an injury such as a sprained ankle. After acupuncture, if the joint is one such as the lumbosacral where a plaster (Kou Pi) is applicable one should be used. Some joints such as the ankle however do not lend themselves as readily to the use of plasters. In such cases herbal liniments, compresses, or herbal soaks are used.

If acupuncture treatment can be administered daily for several days after the injury, speedy results will be obtained. However this is often not possible in our contemporary society. In this case follow-up treatment will consist of Cupping, Seven Star Hammer, and/or Moxabustion depending upon the situation and both internal and external Chinese herbal therapy. After two or three days of Hsiung Tan Tieh Ta Wan I usually switch patients to Kuei Chih Fu Ling Wan or Tien Qi Pien Tablets. I more often have patients use a combination of Moxa and liniments than Cupping and Seven Star Hammer because it is easier and requires less equipment and explanation. For acute sprain of the back I am more insistent about follow-up acupuncture treatments. For sprained ankles I often prescribe soaks in safflower and vinegar infusion.

Excessive immobilization of sprained joints and over-use of injured limbs are simultaneously the bane of soft tissue care in the west. Elastic bandages provide support and immobilization but also significantly impair the flow of Qi and Blood. They also encourage people to go ahead and return to work or their daily routines before their injuries have really healed. It is important that the patient not stress the affected joint, that it should be immobilized

through non-use or a sling, splint, etc. It should not be bound or wrapped tightly. On the other hand, the joint should be exercised passively through its range of motion in a gentle manner several times per day and the surrounding tissue should be massaged regularly. If immobilization, passive mobilization, gradual exercise of the limb or joint, and therapies such as acupuncture and herbalism are used in a carefully proportioned treatment plan, much better, quicker, and more complete healing will occur. As A BAREFOOT DOCTOR'S MANUAL states: "From a very early stage, reasonable and planned functional training must be carried out to realize the principle of 'movement and inactivity co-ordination'." 19

On a philosophical level, injuries are one way the universe tells us to slow down. We live in the KALI YUGA or Dark Age where everything is speeding up and this speeding up is a deterioration. Our tendency to speed around and be in a hurry is not progress but both physical and spiritual death. Our whole emphasis on getting up and about and the fact that our society really doesn't allow us the leisure to heal correctly are a degenerate tendency that the practitioner must constantly deal with. In injury management, once past the initial First Aid stage, the keywords are: Make haste slowly. As in all Oriental medicine it is impossible to separate the philosophical and cosmological implications from even such a banale injury as a sprained ankle if one aspires to be a truly superior practitioner.

The following are some specific treat protocols for soft tissue injury to specific joints. Unless otherwise stated, acupuncture points listed are to be needed.

Acute Back Strain

- 1) Huatojiaji Points in affected region, SI 3, Bl 51; needle daily
Ear Points: Cervical vertebrae, Lumbar vertebrae, Kidney, Shen Men
Press needle: Subcortex, local point of pain in affected region.
- 2) GV 26 with strong stimulation; then bleed Bl 54 & Ki 2. Treat daily.
- 3) Lu 5, Bl 54, GV 26, GB 34, Bl 65, Bl 60, Bl 34, CV 6
- 4) Lu 5, Bl 54, GV 26, Bl 60, Bl 65, TH 6, GB 34
- 5) Bl 23, GV 3, Bl 58, GV 26, Bl 54
- 6) Hand acupuncture: Lumbar & Leg points; Strong stimulation 3-5 minutes
Ear acupuncture: Lumbar vertebrae, Lumbodysnia, Shen Men, Subcortex, Adrenal
- 7) Seven Star Hammer with strong stimulation of AH-SI Points followed by Cupping to Bleed
- 8) Moxa: 3 cones on GV 6 & Bl 23; cones on GV 4, Bl 29, GV 2

Sprained or Wry Neck

- 1) Extra Point LUOZHEN with moderate to strong stimulation while the patient moves their head in various directions. If necessary also needle AH-SI Points and/or supplementary points SI 3 and GB 39. Warm needle may be used on AH-SI Points and Cupping may be used after needling.
- 2) SI 1, SI 2, SI 3, SI 5, GB 12, Bl 60, Ht 3, Bl 2

- 3) Bl 64, Bl 11, Bl 37, GB 21, TH 16, SI 3, Bl 10; add TH 10 if pain radiates to the back and shoulder.
- 4) CV 24, GV 16, SI 3
- 5) Bl 63, GB 20, GV 14 for whiplash
Ear points: Cervical vertebrae, Neck, Shen Men
Hand acupuncture: Neck & nape, strong stimulation 3-5 minutes
- 6) GB 20, GB 39, SI 6, AH-SI Points
Ear points: Small intestine, Neck, Kidney
Press needle: Neck
- 7) Seven Star Hammer with strong stimulation affected area and then Cup to bleed.
- 8) Seven Star Hammer Bl 11, GV 14, GB 21, SI 14, GV 16, Bl 12, and Huato-jiaji Points from C 1 to C 4. If necessary add: GB 20, Bl 64, SI 3, TH 10

Shoulder Strain

- 1) Local SI, LI, and TH points plus GB 34, TH 6
Ear points: Subcortex, Shoulder, Shoulder joint, Kidney
Press needle: Subcortex, Shoulder
- 2) LI 15, TH 14, JIANNEILING inserting needles in several different directions around each point. LI 11 and LI 4 may be added as distal points with strong stimulation. Treat every day or every other day.
- 3) LI 15, TH 14, SI 9, SI 10
- 4) SI 9 through to Ht 1, SI 6 to Per 6, LI 15 in various directions, St 38 to Bl 57
- 5) SI 6, Bl 10 for severe shoulder pain
- 6) LI 11, TH 15 for a shoulder which cannot be raised
- 7) TH 14, Bl 12, TH 3, Bl 11, for a red, painful, and swollen posterior shoulder
- 8) LI 11, SI 9, JIANNEILING, LI 15, Bl 12
Ear Points: Shoulder, Shoulder joint
Hand point: Shoulder
- 9) Moxa CHIENGTUNGTIEN in middle of lateral border of scapula for 10-20 minutes. For difficulty in raising the arm, Moxa a point at the end of acromion process between LI 15 and LI 16 for 5-10 minutes.
- 10) Seven Star Hammer the entire area with particular attention to the AH-SI Points.

Elbow

- 1) LI 11, Lu 5, TH 10, TH 5, LI 4
- 2) AH-SI Points, LI 4, LI 10
- 3) St 42, LI 11, TH 15: if unable to extend the forearm add LI 10, GB 44
- 4) LI 11, LI 12, TH 10, Lu 3, Per 6

Ear Points: Subcortex, Kidney, Elbow
Press needle: Elbow, Subcortex

- 5) Ear Acupuncture: points of pain in the elbow area, Subcortex, Shen Men, Adrenal
- 6) Moxa entire area 10-20 minutes with a roll or stick. Treat one or two times per day.
- 7) Seven Star Hammer and Cup to bleed. Use dough to build up a base or edge to obtain suction.

Wrist

- 1) TH 4, LI 5, SI 5, TH 5
- 2) AH-SI Point(s) plus LI 5, Lu 7, LI 4. Insert 2-4 needles at AH-SI Point in several different directions. Needle daily or every other day.
- 3) LI 5 if wrist is painful and immobile; Lu 7 if wrist is "exhausted"
- 4) LI 5, LI 11, SI 4
- 5) Ear acupuncture: Wrist, Shen Men, Subcortex
- 6) Seven Star Hammer to cause light bleeding every day or every other day
- 7) Moxa with a roll or stick the entire affected area 10-20 minutes per treatment, 1-3 times per day.

Sprained Fingers

- 1) SI 3, LI 3 and the BAXIE Points on either side of the affected fingers

Sacroiliac

- 1) GB 30, Bl 57, Bl 60, Bl 31
Ear points: Shen Men, Buttocks, Sciatic nerve
Hand points: Lumbar & Sciatic nerve

Hip Injury

- 1) GB 30, Bl 51, GB 29
- 2) GB 31, GB 34, GB 41
Ear points: Shen Men, Buttocks, Sciatic nerve
Hand points: Lumbar & Sciatic nerve

Knee Injury

- 1) St 34, St 35 medial and lateral, GB 34, GB 33, Sp 9
- 2) St 35 medial and lateral, GB 34, and AH-SI Points needled daily in coordination with hot compresses or plasters
- 3) St 35 medial and lateral, Bl 54, AH-SI Points
- 4) St 36, St 44, St 35 medial and lateral
Ear points: Shen men, Knee

Sprained Ankle

- 1) St 41, Sp 5, GB 40

Ear Points: Shen Men, Ankle

Hand points: Ankle

- 2) St 38, GB 39, St 42
- 3) St 41, Sp 5, GB 40, St 44, and bleed AH-SI Point(s)
- 4) Sp 5, St 41, GB 40, GB 39
- 5) Bl 60, Ki 3, Bl 62, Sp 5, GB 40
- 6) AH-SI Points, GB 39, Sp 6; use Sp 6 if an inversion sprain and GB 39 if an eversion sprain.
- 7) Moxa the tip of the internal malleolus and the center of the posterior edge of the heel at the edge of the plantar skin. Moxa 8-12 minutes. Bleed the point at the tip of the external malleolus.

As is apparent from the numerous ways of dealing with similar situations, there is more than one way to treat an injury with acupuncture. Some of the variations listed above are only minor whereas others must be discriminated between for their subtle differences in function and therefore usage. Such discrimination is based on the Chinese energetic theories of medicine and on pointology. The formula #5 for sprained ankles listed above is especially indicated if swelling and fluid retention are proportionally the outstanding presenting features. Whereas formula #1 is based solely on activating the local circulation of Qi and Blood through the use of Path of Qi or local points. Some western authors are content to list points useful in the treatment of pain at various joints. It is then left up to the reader to decide how to select and combine points from such lists. This approach ignores two thousand years of recorded clinical experience which has refined the combination of points to an art. It also ignores the fact that point selection is founded on theory as well as experience and that not all points listed because of their proximity necessarily have the same energetic effect. At the same time, these formulae are only guidelines and are not sacrosanct. They may be added to or altered to fit the immediate situation. But it is my opinion that it is wise to at least begin with a formula (whether acupuncture or herbal) and to work from there rather than reinventing the wheel.

Dislocations (Tuo Jie)

A dislocation is when the articular surfaces of a joint become dislocated from their normal position thus rendering the joint inarticulate. Its symptoms are swelling, pain, disturbance in joint function, and deformity. The first step in the treatment of a dislocation is its reduction or replacement. The longer one waits to reduce a dislocation, the more muscle spasm will develop around the joint making reduction more difficult and painful.

Dislocations are most often the results of falls but in martial arts practice, especially in grappling training or CHIN-NA, various "come-along" or "joint-locking" techniques may also cause dislocations. Therefore the traditional martial arts instructor should be trained in joint reduction at the same time as learning these joint-locking techniques.

In a sense, a dislocation is just a more serious progression from strain to sprain to dislocation. Therefore acupuncture treatment post reduction is similar to that given in the above formulae. Likewise the joint should be

immobilized in order to heal but not constricted and functional training such as passive range of motion and progressive exercise should be begun early on but with sensitivity and care.

Instructions on reducing dislocations are given below. There are usually several ways or styles in reducing a joint. Most Americans will probably go to an Emergency Room or MD for reduction. Since as in everything else skill is dependent upon practice and hands-on experience, this is probably a wise choice. However, Chinese medicine is definitely of use in the post reduction treatment. American practitioners should be familiar with reduction techniques for First Aid or emergency use.

The most common dislocations are those of the upper extremities. This is particularly the case amongst martial arts students. Prior to reduction anesthesia may be obtained in either of two ways. If the dislocation is of a finger or toe or possibly even a wrist, emersion in a soak of **Zheng Gu Shui** for fifteen or more minutes will produce anesthesia. With larger joints or when this patent medicine is not available, acupuncture anesthesia may be considered. Ear points are especially useful and effective for this purpose. Points on the affected side are chosen and stimulation is begun 10-20 minutes before reduction is attempted. The needles should be constantly twirled until the part is numb or electrical potentization may be used. The acupuncture anesthesia protocol for reduction of the shoulder will serve as an example. Needle Shen Men, Sympathetic, Kidney, and Shoulder joined to Shoulder joint on the affected side. Another approach is to use both full-body and ear points: LI 4 and Extra Point BIZHONG bilaterally. Also needle the Shoulder point in the ear on the affected side.

Once anesthesia has been obtained, if deemed necessary, dislocations are reduced by the following methods by the Chinese:

Fingers and Toes

First traction the joint distally and then flex the joint which should make it track back into place.

Wrist

Place the hand palm down on a level surface. The practitioner should grasp the patient's fingers at their first phalangeal joints by interlocking their own fingers with the patient's. As the practitioner tractions the wrist distally he/she should push down and proximally with the heel of their other hand against the carpal bones thus pushing them back into place.

Elbow

While a third person holds the patient around the chest immobilizing the upper extremity at the humerus, the practitioner grasping the hand held in anatomical position flexes the elbow and the wrist until the forearm approximates the biceps.

Shoulder

Again a third party should hold with a hug from behind but without grasping the arm of the dislocated shoulder. The practitioner should pull down on the arm from the wrist and then continuing traction adduct the arm across the chest thus allowing the head of the humerus to slip back into its cuff.

Jaw

Wrap up the thumbs thickly to prevent being bit. Insert one's thumbs behind the patient's last lower molars. Then push down and pull out. Afterwards boil up some lemon juice or ginger in hot water. Soak a towel in this and wrap up the face. Apply several warm towels successively as each one cools down.

Fractures

The setting of reduction of fractures, called in Chinese ZHENG GU SHOU FA, "Bone Straightening Hand Maneuvers", is outside the scope of this work although it is not outside the provenance of Hit Medicine. For those who are seeking specific instructions on bone-setting they are given in A BARE-FOOT DOCTOR'S MANUAL and also in Standard orthopedic texts. It is unusual for Americans to seek out the assistance of acupuncturists or other Oriental-style practitioners for setting of a fracture. As with dislocations, skill comes with practice and it is only western-style MD's who get to practice such skills in this country. This situation does present a dilemma for the committed patient of Chinese medicine and the practitioner since although it is probably best to allow an MD to set a fracture, traditional Chinese medicine is at odds with much of what follows a hospital reduction.

Specifically the use of plaster of paris and other such casts is contrary to Chinese practice and theory. Such casts do not permit external application of herbal therapy and/or local acupuncture treatment. Nor do they allow for massage or functional training and progressive exercise, all of which therapies can greatly speed and improve mending without the side-effects of casting, i.e. atrophy, deep muscle spasm, impaired skin functioning, etc. Rather than casting, a bandage is wrapped around the fracture to keep the ends approximated. It should be wrapped neither too tight nor too loose. To this is added a padded splint which can be taken on and off as necessary. Use of a splint allows for administration of all the above-mentioned therapies.

In the Traumatology Dept. of the LUNG HUA Hospital I have seen a collection of such splints made out of bamboo covered with cotton. Such splints can even be steamed and bent to conform closely to the contours of the patient's body. There are a number of different kinds of such splints. One is called ZHU LIAN or "bamboo curtain splint". Another is called SHAN LI, "pine fence splint". A third is called XIAO JIA BAN, "small splint". And a fourth is called BAO XI, "embracing the knee"; it is used specifically for fractures of the patella.

Since in my experience western MD's will not consent to reduce a fracture without subsequent casting, the Chinese medical practitioner to whom a fracture victim has come seeking treatment is faced with a choice of taking off the cast or of not giving the patient the best possible treatment he or she knows. If removal of the cast is decided upon jointly by both patient and practitioner, the practitioner should keep in mind his or her legal jeopardy. I know of one acupuncturist who has drilled holes in his patients' casts in order to do acupuncture. However, if the cast is removed and a sufficient and safe splint is devised, the full armamentarium of Chinese Hit Medicine can be brought to bear. In one case, a patient's western doctor consented to "bivalve" their caste. In other words, after the caste set, the doctor cut it apart on one side only so that it could open and close. Then the patient

wrapped an elastic bandage around the outside of the cast to hold it in place. Although the doctor was skeptical of this procedure, from my and the patient's point of view, it worked very well.

As long as the break is a simple, not a compound, fracture, i.e. as long as the bone has not pierced the skin, and also if there are no other incisions or lacerations, the first step in the treatment of a recent fracture should be the internal administration of a Hit Pill or other such appropriate anti-trauma formula. After reduction, the area above and below the break should be massaged deeply to relieve muscle spasm. This should be directed at the AH-SI Points. However the immediate site of the fracture should not be massaged deeply for fear of releasing a blood clot which might travel to the heart or lungs. Pinching massage over the immediate area is used instead.

The First Aid acupuncture formula given at the end of the acupuncture section may be used combined with other local points to treat the specific site of injury. Also ear points should be used and strong stimulation on Hand points for 2-5 minutes if pain is intense. Subcortex, Sympathetic, and Shen Men points all have general pain-relieving and relaxing effects. The Adrenal point will help to deal with the stress of injury. Zheng Gu Shui should be applied several times per day. Or a gauze pad soaked in Zheng Gu Shui is placed over the fracture. This is in turn covered by a piece of thin plastic (Saran Wrap, etc.) and its edges taped down to prevent evaporation and to promote deep penetration. If this second method is used, the patient or practitioner should check several times per day to be sure that this very Hot liniment is not burning the skin or causing too much irritation. If this happens its use should be immediately discontinued. After the irritation has subsided a "cooler" liniment should be employed. This is especially likely with those of delicate or fair skin.

After the first day or so, Subcortex and Sympathetic points can be deleted from the ear acupuncture treatments. More emphasis can be placed on points relating specifically to the injured area or tissues. The Adrenal point should be replaced by the Kidney point since the Kidneys rule the bones and structure is related to Yin as opposed to Yang. The use of Bl 11 is important in promoting bone healing and Bl 23. Local acupuncture at AH-SI Points and points on the affected meridian(s) should be continued. Hit Pills should be replaced by Gejie Da Bu Wan. As the fracture knits and swelling and inflammation decrease, the patient may be entrusted with Moxabustion treatment of the local area. Functional training should begin early on if only very lightly and carefully. The patient and practitioner should not just wait for six weeks to elapse and then all of a sudden resume previous use of the limb. As A BAREFOOT DOCTOR'S MANUAL states: "Treatment of fractures calls for a coordination of the local part to the whole, and of the external treatment with internal treatment." 20

If there are lacerations or a compound fracture, treatment should be directed first at staunching the flow of blood. In this case styptics, both internal and external are used instead of exsanguinatives. Acupuncture treatment, both ear and full-body, may be applied. Zheng Gu Shui or any other such orthopedic liniment not suitable for internal use cannot be used until the external wounds have healed. However Tieh Ta Yao Gin and other such liniments that can be taken internally may be used after blood flow has been stopped and the wounds have begun to heal.

X-Rays

Often patients call me and ask if I think they should get x-rayed. For the most part, Chinese medicine does not need diagnosis by x-ray. Treatment of a serious sprain, strain, or contusion is essentially the same as for a hair-line fracture. Chinese treatment is based more on the subjective experience of the patient rather than on some objective description. However, since x-ray is the contemporary diagnostic modality amongst the majority of health-care providers in this country, a failure to use this modality if fracture is a reasonable possibility may expose the practitioner to a malpractice suit.

In cases where a hairline fracture is suspected, one way to verify this with approximately 90% accuracy is to place a vibrating tuning fork on the head of the opposite end of the bone in question. Vibrations from the tuning fork will travel down the bone to the area of suspected fracture. If indeed there is a fracture those vibrations will cause pain in the area. If there is no fracture, no pain from the vibrations will be felt.

Most practitioners and many patients of traditional Chinese medicine feel that x-rays are detrimental to one's health both short and long term. However there may be ways to minimize or prevent the deleterious effects of radiation. Short term, the effect of radiation is to weaken the Qi as evidenced by the side-effects of radiation used to treat cancer.²¹ Diagnostic x-ray and treatment radiation are similar in kind. The difference is in quantity and not in quality. Therefore steps to tonify the Qi both before and after receiving x-ray will minimize the weakening of Qi.

There are both direct and indirect ways of toning the Qi. Direct tonification uses acupuncture and Moxabustion on points such as St 36, CV 4, CV 6, etc. Herbally Qi tonifying herbs are usually combined with Blood tonics to achieve a more balanced effect. Tonification of the Blood in order to tonify the Qi is the indirect method of tonification. Herbs can be taken orally as a tea or liquor. For quick tonification prior to x-ray, a liquor which will act very fast is probably the best. My choice for this purpose would be Astragalus Tincture which contains Ginseng, Astragalus, and Lycium.

Long term, the issue is to prevent the possibility of radiation-induced cancer. Complete prevention is not possible but the likelihood of one or two x-rays causing cancer is also not high. However it is better to be safe than sorry. Therefore any and all reasonable precautions which might be taken, should. Consumption of seaweed and miso should be increased or added to the diet for several days after exposure to x-radiation. These foods are reputed to have radiation-ameliorating effect based on stories of survivors of Hiroshima and Nagasaki. No scientific research that I know of has confirmed this. At the time of this writing I am not aware of any Chinese herbs or formulae or acupuncture points specifically to eradicate or mitigate the long term effects of radiation. A bath in one pound of sea salt and one pound of baking soda is also reputed to minimize the effects of radiation. Such a bath may be impossible if the patient is in a plaster cast.²²

Shock

Shock often accompanies serious traumatic injury. Traditional Chinese medicine describes shock as the result of a loss of Yin or Yang which causes collapse of the vital functions. Because Yin and Yang must maintain a mutual reci-

procidity, if Yin becomes depleted by excessive blood loss, fluid loss, etc. it will eventually cause the depletion of the Yang or Qi. Basic First Aid for shock is to keep the patient warm, to administer fluids, to raise the upper torso if the head is red and to raise the lower torso if the face is pale. Acupuncture treatment consists of needling GV 25 and Per 6 continuously with moderate stimulation until the blood pressure comes back up. Once that has been achieved, needles are left in place for several minutes afterwards. Supplementary points which may be needled if necessary are GV 26, Per 9, Ki 1, and St 36. Moxabustion treatment consists of moxaing GV 20, CV 8, CV 6, and CV 4, until the points begin to sweat. Ear acupuncture for shock consists of needling Adrenal, Subcortex, Heart, and Blood Pressure Raising points. In utilizing full-body acupuncture some authors favor GV 26 over GV 25 or Per 9 over Per 6 and vice versa.

Chinese herbal therapy for shock depends on the differential diagnosis based on energetic etiology. Shock may be described as Yin Deficient, Yang Deficient, or both Yin & Yang Deficient shock. The symptoms of Yin Deficient shock are feverishness, headache, thirst, and a sinking and/or slippery pulse. The formulae appropriate for this type of shock is a decoction made of 3 CHIEN of Bupleurum and Peony, 2 CHIEN of CHIH SHIH, and 1 CHIEN of Licorice. One CHIEN equals approximately three grams. The symptoms of Yang Deficient shock are cold hands and feet, aversion to cold, and a weak and sinking pulse. The appropriate formula for this type of shock is a decoction made from 3 CHIEN of unprocessed Aconite, 2 CHIEN of dried ginger, and 1 CHIEN of Licorice. For seriously ill patients with pallor, dizziness, dyspnea, listlessness, cold extremities, protracted hidrosis, and a weak pulse, i.e. Yin & Yang Deficient shock, 1-3 CHIEN of true Ginseng or 5 CHIEN of Codonopsis are taken in decoction or 2 CHIEN of Ginseng and 3 CHIEN of Aconite. These formulae are taken from A BAREFOOT DOCTOR'S MANUAL. In the English-language edition, the symptoms and prescriptions for Yin Deficient and Yang Deficient shock seem to be reversed. As given in that version they do not conform to either herbal theory, diagnostic theory, or energetic physiology so I have corrected that seeming mistake in this redaction.

CHAPTER THIRTEEN

STRUCTURAL IMBALANCES

Since the advent of Structural Integration, popularly known as Rolfing, alternative healing arts practitioners have been increasingly aware that injuries often result in structural imbalances and asymmetry. According to Dr. Ida Rolf, the body should be symmetrical in space and asymmetries denote blockages which can lead to impairment of articulation, organic dysfunction, or psychological problems. Although I am not entirely comfortable with the idea that everyone should be four-square and perfectly symmetrical, still it is my experience that asymmetries in form are usually due to blockages in the patient's energy flow. Such asymmetries are often caused by traumatic injuries and in turn often predispose the patient to further accidents and mishaps.

When attempting to correct such asymmetries it seems appropriate to me to begin at the bottom i.e. the feet and legs since these are the foundation upon which the edifice of the upper body and torso rests. With the patient lying on their back one can check the relative length of the legs by grasping behind the heels and pulling down and slightly up. Check to see if the imaginary line running through the malleoli is level. Next check the bottoms of the heels. In most patients who exhibit one leg longer than the other this is due to a tilted pelvis which in turn is due to irregular tension in the musculature. Since such tension is a function of imbalanced Qi flow in the meridians it stands to reason acupuncture can correct such disequilibria. In approximately 80% of patients with unequal leg length due to misalignment, it is the left leg which is longer.

There are two methods to even the leg length that I have found effective. The first is to needle GB 30, 31, 34, 38, 39, and 41 on the longer side with reducing technique. The needles may be retained from three to fifteen minutes. After withdrawing the needles, the buttock and back of the longer leg is massaged with GUEN FA (Rolling Technique). Often this method will result in equilibrating the legs in one treatment. Sometimes it might take more than one treatment. Also such an adjustment may or may not "stick" depending upon Internal factors. In cases where such an adjustment will only hold a short period of time, one should balance the pulse first and then balance the legs.

The second method uses Zinc and Copper dermal needles. It is a Japanese technique developed by Dr. Nagatomo. It utilizes the command points of DUO MO and YANG CHIAO MO, the Conception Vessel and YIN CHIAO MO,

DAI MO and YANG WEI MO. Conceptually this makes a great deal of sense since structure is more dependent on the macro-flows of energy through the Eight Extra meridians than on the flow of a single meridian alone. The protocol is as follows:

Step 1: Needle SI 3 bilaterally with Copper intradermal needles being sure the tip of the needles are pointing heavenward. Needle BL 62 bilaterally with Zinc intradermal needles also with the needle tips heavenward. The maneuver relaxes the entire posterior aspect of the body, remembering that the command points' function is to open the Extra meridians to absorb Excesses from their related "organ" meridians.

Step 2: If the right leg is shorter, insert a Copper intradermal in Left Ki 6, a Zinc needle in Right Lu 7, a Copper needle in Right TH 5, and a Zinc needle in Left GB 41.

If the left leg is shorter, insert a Copper intradermal needle at Right Ki 6, a Zinc needle at Left Lu 7, a Copper needle at Left TH 5, and a Zinc needle at Right GB 41.

This step tonifies the SHAO YIN while at the same time relaxing the SHAO YANG. While the needles are in place, the feet should be checked from time to time. When they have approximated, the needles should be withdrawn. If the needles are left in too long, the inequity in length may actually reverse legs, although I personally have not encountered this. Such approximation may or may not last depending upon the Internal functioning of the organs as expressed in the balance of the pulse.

After balancing the legs the patient may experience pain in the shoulders and neck as the body pulls against its normal pattern of referred tension in those areas. Such pain may be quite intense and the patient should be forewarned. However it can usually be relieved by one to three acupuncture treatments combined with Tuina massage.

By balancing the legs one can often reduce or eliminate pain due to sciatica, lumbago, migraines, tinnitus, vertigo, trigeminal neuralgia, stiff shoulders, and sore neck all of which symptoms tend to involve or be caused by an imbalance in the SHAO YANG. The success of this approach depends on whether or not the disequilibrium in the SHAO YANG is purely a meridian problem or whether it also relates to Internal imbalances.

Often limping due to injury will cause pain in the opposite hip or knee. As the body compensates this way and that, energy blockages may be created which make it difficult to heal any of the pains, whether the original trauma or the secondary obstructions. In such cases evening the legs will help. Case history # XV exemplifies such an instance. In other patients, unequal leg length may cause repeated traumas due to poor balance and unequal stress to the joints. Case # XVI exemplifies this.

It is my belief that acupuncture, especially using points related to the Eight Extra meridians could, in theory, duplicate the restoration of body symmetry typically achieved by Rolfing. If so, it would accomplish this with far less discomfort in perhaps less sessions with results which would tend not to backslide if the pulse was also brought into balance with acupuncture and herbs. This is an area that could be a fertile field for investigation.

CHAPTER FOURTEEN

CASE HISTORIES

Each of the case histories which follow have been selected to exemplify some aspect of injury management which has been covered in the text. Every case is different and must be treated according to its own nature. Therefore practitioners are advised to remain flexible in their use of the techniques and combinations of modalities presented here. In all cases, the practitioner should try to describe to him/herself the situation in Chinese energetic terms and then formulate the appropriate therapeutic principles for remedying this situation. If the reader likewise tries to understand the why of what was done in these cases and not just the what, the result will be understanding rather than memorization.

Case I: Male 28 years old Soft Tissue Injury to Ankle

This young man had had a motorcycle accident resulting in a compound fracture of the lower leg and injury to the soft tissue of the ankle. Approximately one year after the cast had been removed he sprained the same ankle again. For a week or more he had applied ginger compresses daily but without much result. When he came to me he was on crutches. His ankle was dark in color and there were visible signs of extravasated Blood. His ankle was also quite swollen. The sprain was an eversion sprain.

The first thing I did was to bleed the AH-SI Point at the center of the tip of the lateral malleolus with a Triangular Needle. As soon as the needle was withdrawn a lot of "black" blood welled up and dripped out of the puncture. This blood dripped out in a slack, heavy manner. I allowed this to continue until it changed from black blood to a fresh, bright, healthy red at which point I applied finger pressure to stop further bleeding. Immediately the patient felt relief from the pain and pressure. I also performed acupuncture at St 41, Sp 5, and GB 40. At the end of the treatment I suggested the patient Seven Star Hammer daily with ring-tapping around the ankle.

After the treatment the patient had more range of motion, less pain, and less visible swelling. From that point on the ankle began to heal and since that time the patient has had no further problem with that limb. Although he had been using Ginger compresses, the key to unlocking the healing process in his case was the bleeding and release of Stagnant Blood at the major AH-SI Point.

Case II: Female 25 years old Ankle Injury

This woman had injured her ankle four previously. It had been diagnosed as a combination sprain and tear by an MD but with no fracture. Three MDs had all cautioned the patient against the use of heat. There was some edema on the lateral side of the ankle. The nature of the pain was dull and fixed. I diagnosed the situation as a Cold Damp Obstruction. A local naturopath had recommended a daily regime of a hot soak followed by twenty minutes of cold running water followed by ice. I recommended Moxaing the area for 10-15 minutes daily followed by the application of Zheng Gu Shui. Internally I recommended Coix Combination (I-YI-Jen Tang). Two weeks later the woman called to say her ankle had improved greatly and was almost better.

Case III: Female Mid 20's Sprained Ankle

This woman came to me the day after spraining her ankle. I applied acupuncture to GB 39, GB 40, Bl 60, and St 41. While the needles were in place, I gave her a Hsiung Tan Tieh Ta Wan to take internally. I also gave her another one to take the next day and three Tien Qi Pien to take starting the day after that, one pill every other day for the following six days. I supplied her with a Moxa stick and instructed her in its use. Beginning the day after the acupuncture treatment she was to Moxa the affected area for 10-15 minutes per day and then apply Zheng Gu Shui. She used crutches instead of an elastic wrap and stayed off the foot as much as possible. She followed directions as suggested and obtained excellent results.

Case IV: Female 32 years old Acute Back Strain

This woman came to me with acute back strain that had begun in an exercise class than morning. I performed acupuncture at Bl 23, GV 3, Bl 58, GV 26, and Bl 54. We also did the hand point for Low Back Pain and the Lumbodynia ear point. After the acupuncture treatment I applied a Kou Pi Plaster to the area of pain. There was immediate improvement after the treatment. That evening she received ear acupuncture again from her roommate who was a student of mine. The next day I did the same acupuncture treatment but without the hand point and adding a point of pain in the lumbar region of the ear. Definite further improvement was recorded. The third day the same acupuncture treatment was administered again and with more improvement. After the third treatment the patient felt fine and did not seek or need further acupuncture.

Case V: Male 46 years old Acute Back Strain

The night before this man had fallen while hurrying to get to a sports event. He had called me the next day to make an emergency appointment. This man is a very stoic sort who does not complain and takes injuries lightly. He was obviously in pain. When he arrived I inserted needles at Bl 23, GV 3, GV 26, Bl 54, and Bl 58. After the treatment I applied a Kou Pi Plaster which I instructed the patient to leave in place for several days. I also gave the patient three Tien Qi Pien to take one of every other day. Three days

later the patient came in for his regular weekly massage. He reported that 80% of his pain had been immediately relieved by the acupuncture. That day I particularly massaged the injured area of the low back and after the massage the rest of the pain had been eliminated. Six months later there had not been any recurrence of discomfort. Like many patients who first experience Chinese medicine for traumatic injury management, this man has become an enthusiastic proponent of acupuncture.

Case VI: Male Mid 20's Neck Strain

Several days before this patient had been in a minor car accident. His neck and shoulder pain had not begun however, until the day after the accident. The quality of the pain was throbbing and consistent, i.e. it did not fluctuate or wander. He experienced the pain deep muscularly in the trapezius at the base of the neck. The day before he came in for treatment he had also experienced pain radiating down through his medial deltoid which felt like a dull throbbing. Altogether it had been four days since the accident before he came for a treatment. I needled GB 20, GV 14, BL 64, and LI 14 on the affected side. Because it was his first acupuncture treatment, because he was sitting up, and because he was a constitutionally nervous and Deficient type, I did not apply any manual manipulation to the needles but rather left them in place for 20 minutes. After the treatment all discomfort had been relieved and he regained his normal range of motion. The pain did not return after the treatment nor any time in the several months since then.

Case VII: Male Late 20's Neck Injury

This patient consulted me while I was visiting Alaska recently. He was a very well-trained Chinese Kung-fu teacher from Taiwan, well-trained except in Hit Medicine. Several months before he had fallen on his head from a horse. X-rays and examinations by several MD's did not reveal any fractures or other tissue damage. Although he seemed to recover well and made a point of working out even more, he began to notice a numb feeling spread down his neck, across his shoulders, down the backs of his arms and hands, and also to the center of his palms. Massage felt good but did not give any lasting relief. Exercise did not seem to help. Since he made his living using his body he was justifiably concerned. When this man came to see me he wanted 1) acupuncture, and 2) advice on Five Element food flavor correspondences to tonify his tendons and nerves.

I explained to this patient that I did not think that food would be of much help in his case and that Five Element theory was not a good theory with which to try to describe or remedy his problem. I described his problem as a Wind Damp Obstruction of his Governing Vessel since he only felt discomfort when raising and lowering his head but not when turning it from side to side (GV), since the discomfort came and went, travelled, and was not relieved permanently by massage (Wind), and since the discomfort was dull, numb, and heavyish (Damp). Because I was leaving that day I declined to administer acupuncture since I did not feel that one treatment would have been sufficient. If I had been staying in his vicinity I would have treated with needles definitely using SI 3, LI 11, GV 14, GB 20, etc. Instead I instructed him to Seven Star Hammer along the cervical erectors daily following this with Cupping to open the surface and draw out the Wind. Internally I suggested

he take Feng Shih Hsiao Tung Wan for Excess Wind Damp Obstruction. Unfortunately, at the time of this writing, I have not been able to check this patient's progress. I include this case here to highlight the irony that this young Chinese gentleman described his symptoms in allopathic terms (neuritis), was skeptical of the herbal formula because he only thought of it in terms of arthritis, and when he did try to use a Chinese approach he picked the wrong theory.

Case VIII: Female 22 years old Knee Injury

This patient had been receiving Chinese diagnosis and treatment off and on for a year for various symptoms relating to Dry Blood. While I was out of town and my wife proofreading this manuscript, the patient had a skiing accident where she torqued her knee. That night her friends (EMT's) tried to get her to ice the injury but instead she used a makeshift Seven Star Hammer. The next evening she had my wife Seven Star ring-tap the area. My wife followed this by application of a Kou Pi Plaster and gave the patient one Tieh Ta Wan for immediate use and another for the next morning. Two days later when I had returned to my practice the patient reported what she characterized as remarkable improvement from the treatment, the plaster, and the Hit Pills. She was both surprised and pleased.

I inspected the area of injury. There was no swelling, inflammation, or hematoma. There was pain on palpation below the knee on the medial side of the tibia. There was also some deep muscle spasm in the area of Liv 7. I needled GB 34 first followed by the AH-SI Point, Liv 7 and Liv 8. I chose Liv 8 because of its function of deobstructing the tendino-muscular meridians. I chose GB 34 because the patient described her injury as to the "tendons" and also because this point has a general effect on the knee and lower leg. GB 34 was also selected because it was a local point on the coupled Yang meridian connected to the Yin meridian which had sustained the injury. Liv 7 and the AH-SI Point were employed to release the muscle spasm and to treat the point of pain or the site of obstruction. After the treatment which lasted 20 minutes with moderate stimulation, the patient was instructed to apply Zheng Gu Shui twice daily. The patient experienced further reduction of pain and increased range of motion and strength. She returned two days later for further follow-up acupuncture.

While the needles were in place during the initial acupuncture treatment, the patient asked me about some dark patches she had noticed on her neck and about the Chinese medical description of moles which tended to come and go on her skin frequently. Her father had had skin cancer and she was concerned. I told her that in her case, due to her previous diagnosis of Dry Blood that this was also the probable etiology of the moles and discolorations. She asked what makes Blood dry and I commented on the likelihood of a Hot Liver due to anger or frustration. She then proceeded to tell me about a recent problem with her digestion. Approximately a week before her accident she had had spastic, hot diarrhea, dizziness, and eye-twitching that was probably due to a Hot Liver. She also revealed that while visiting her parents recently and in her relationship with her boyfriend she had been experiencing a great deal of frustration and some anger.

I have included this case because to me it clearly underscores the larger implications of traumatic injury vis a vis a person's health or life in general,

i.e. Jerry Canty's idea of Cosmic massage. Not only may the particular treatment for the injury have more systemic effects on her underlying condition but the injury has led her to seek more active assessment and treatment of that condition. (Rx: Bupleurum & Peony Formula with Rehmannia and Ligusticum). To me it is no accident that she fell and injured her Liver meridian.

An interesting postscript to this case: when the patient returned for her second acupuncture treatment her knee was generally much better. However the immediate area around the points of pain had become a little inflamed and superficially tender. I instructed her to discontinue the application of Zhing Gu Shui which I surmised was too hot for her dry Blood to circulate adequately. Instead I gave her Chu Kiang Brand Tieh Ta Yao Gin which did not cause this unwanted side-effect.

Case IX: Female 34 years old Broken Nose

During a blind-folded training exercise in a Kung-fu class, this woman bashed her nose on another student's head. From the sound of the collision I immediately knew she had a broken nose. She began bleeding profusely from her nose. I took a shoelace and wrapped it tightly around her hand from LI 3 to SI 3 and had her make a tight fist. The bleeding subsided very quickly. Other students were instructed to squeeze BL 60 bilaterally with heavy pressure to sedate the pain. After class and well after the bleeding had stopped I gave her a Hit Pill and another one for the next morning. Her husband was an MD and both he and she were surprised by how little pain, swelling, and hematoma she experienced. She did not seek or receive any further treatment. Throughout the initial exercise she had been terrified of breaking her nose and also felt that this was one of the most sensitive or self-conscious areas of her body. After the accident she had felt that it was appropriate that she had experienced her worst fear.

Case X: Female 30 years old Separated Shoulder

While rough-housing with her eight year old son, this woman had fallen on her shoulder to protect his head. Immediately she had intuited that she had really hurt herself. Because she had been a patient of mine and a sometimes student she came directly to me for treatment. I gave her a Hit Pill immediately and we jointly decided that she should go to the hospital for an X-ray. The X-ray showed no fracture but she was diagnosed as having a separation of the shoulder cartilage. The MD's told her to keep her arm in a sling for from 5-7 days and then to come back in for a check-up but offered no further treatment except for Darvon for the pain. The patient returned to me that evening and I needled LI 15, LI 11, SI 11, TH 14, JIANNEILING, and an ear point of pain in the shoulder region on the affected side. After the treatment I applied a Kou Pi Plaster and gave her another Hit Pill for the next morning. This woman was a massage therapist, self-employed, without insurance, divorced, and the mother of two. She was hysterical about losing her income as she did not have any savings. I assured her that Chinese medicine could help her heal more quickly and that I would treat her without payment if need be.

The next day there was more muscular soreness around the shoulder joint

but far less pain at the site of the injury. We left the Kou Pi Plaster in place but did the same needle treatment. The following day the same treatment was administered again. The patient felt really sore and was upset and concerned. The fourth day we put on a fresh Kou Pi Yao Gao. The joint was feeling much better but the points we had been treating were quite sore so I switched to ultra-fine (36 ga.) IDO "tap" needles. On the fifth day there was noticeable improvement and the patient had a neck adjustment by a Chiropractor which also helped. On day six we took off the Kou Pi Plaster and the patient was instructed to continue her treatment daily with Moxabustion and Zheng Gu Shui at home. The same needle formula was used.

Four days later the patient came in for an acupuncture treatment. She had already returned to work on a limited basis, 10 days after the accident. Three days later she received another acupuncture treatment. She then went one week until her next treatment. SI 10 was substituted for SI 11 and TH 15 and the AH-SI Point at the neck were added. One week after that we did another treatment with needles. The patient reported a little soreness in the mornings upon arising and that she had discontinued the Moxa but had continued the Zheng Gu Shui. The patient received two further acupuncture treatments once every two weeks after that at which time she was pain free and had no limitations on the use of her shoulder.

Case XI: Male 30 years old Multiple Injuries

This man had been run over by a pick-up truck and had suffered multiple contusions, abrasions, a dislocated shoulder, and a hairline fracture of the medial malleolus of one of his ankles. I saw him the afternoon of the following day. I gave him a Hit Pill and another for the next morning. Because it was a hurried house-call I was somewhat unprepared. I did ear needles for the right medial malleolus, left shoulder, and Kidneys. After the auriculotherapy the pain was considerably reduced in all his injuries. The next day I returned and applied a Kou Pi Plaster to a large contusion on his left thigh and needled LI 15, LI 11, SI 10, SI 12, and JIANNEILING on the affected side. I taught his girlfriend how to do ear acupuncture which she did one or two times per day for the next several days. The third day I began administering Penetrating Bone Pills²³ for ten days. Besides the shoulder needles I treated the fractured ankle by needling the unaffected side at Bl 60, Sp 5 through to St 41, and GB 40 (due to a wrapping which made the affected side unavailable for treatment) and obtained excellent pain relief and reduction of swelling.

The fourth day no acupuncture was needed for the shoulder. The Kou Pi Plaster on the thigh was changed and acupuncture was given on the affected ankle at Ki 3, Bl 50, and GB 34. At that time I also supplied the patient with Zheng Gu Shui and Moxa for the ankle to be treated daily. The patient received a Roling treatment several days later and the Rolfer, one of the most experienced in the world, was surprised at how little muscle spasm and fascial congestion the patient had. The patient was however persuaded about a week later to have his lower leg casted and no further Chinese medical treatment was administered. Although I felt the cessation of acupuncture, etc. premature and did not agree with a cast rather than a splint, I still felt the immediate effects of Hit Medicine in reducing this patient's pain, swelling, and inflammation and in promoting regeneration of injured tissue

were well substantiated.

Case XII: Male Late 20's & Female Early 20's Multiple Bruises

Within an hour of having fallen off their motorbike these two called me for an emergency treatment. They came right over. The man's major complaint was a swollen left knee. This knee had previously been injured and had had surgery. The woman's complaints were more numerous. She experienced pain and discomfort in her left ankle, right thigh, and the whole of her back. I first gave each of them a Hit Pill to be taken with sake for speedier absorption. I also gave each of them two more Hit Pills to take one per day for the next two days. I needled the man on the affected side at St 36, St 45, St 35, medial & lateral, St 34, and the knee point on the ear. The woman received ear needles at back, thigh, and ankle points of pain plus Bl 60 bilaterally for general pain relief. The woman had not had acupuncture before and experienced minor needle shock after the insertion of Bl 60. Finger pressure at GV 26 alleviated the nausea and slight faint feeling. For bruises associated with abrasion Tieh Ta Yao Gin was applied. For the sprained ankle and the knee injury I supplied Zheng Gu Shui and Moxa for treatment at home over the next several days. I also instructed the man to Seven Star Hammer the woman's HUATO JIAJI Points daily. Both patients experienced dramatic pain relief and increased ease of motion in the affected joints. Several days later I saw the man in the street and he was extremely pleased with the results of Chinese Hit Medicine for both himself and his girlfriend.

Case XIII: Male 23 years old Sprained Thumb

This man sprained his thumb while skiing at night. He came for treatment the next morning. The entire area around the metacarpal-phalangeal joint was quite swollen and inflamed. He could hardly move his thumb. He was quite stoic but did admit it hurt. He took one Hit Pill immediately and was given two others, one for that night and the other for the next morning. He was also given three Tien Qi Pien to take every other day beginning the day after the last Hit Pill. I inserted needles at LI 4, LI 11, and Lu 10 which was the AH-SI Point. I also needled the ear point of pain in the thumb region on the affected side. In two days he was back at work as a carpenter. He did not receive any further treatment.

Case XIV: Female 40 years old Bone Bruise

Several days after treating the above young man, his mother came in with a very bad bone bruise. Her other son had fallen on top of her while playing. She had not had an X-ray. The contused areas were quite swollen on the medial side of the tibia midway down its length. The swelling was sensitive to touch and discolored from extravasated blood. The woman found it very painful to walk and came in on crutches. I gave her a Hit Pill as usual and needled the center most point of pain on her leg. I also needled Bl 60, Sp 6, and Sp 9, using Bl 60 for pain reduction and Sp 6 and Sp 9 as points above and below the injury to reactivate the meridians. After the treatment I applied a Kou Pi Plaster. The woman joked about this being like Lourdes -- she felt so much better she did not want her crutches. I treated her

twice again with acupuncture in the next several days. Unfortunately, because of work she could not stay off the leg but was using a cane. She was aware that usage aggravated the pain but felt great relief after each treatment. She felt that the acupuncture has allowed her to continue to work; otherwise she would have been flat in bed. Also, after the initial inflammation had decreased she applied Moxa and Zheng Gu Shui at home daily.

Case XV: Female 19 years old Sequelae of Fractured Foot

Two months previously the patient had broken her left foot. This was the third time she had broken either her left shin, ankle, or foot. She had required surgery and there was a scar on the superior surface of the foot behind her third toe. After removal of the cast she had had three acupuncture treatments by another practitioner which had helped remove the swelling. The ankle was still a little swollen and stiff and the patient felt numb along the medial edge of the third toe. I needled Sp 5 through to St 41, St 36, GB 39, and extra points LING HOU and BA XIE all on the affected side. I only needled two of the four BA XIE points, St 44 and the next one lateral with deep insertion slanted up the interosseous space.

Three days later the patient reported that the foot was not as stiff or numb but that the pain had localized on one specific spot: GB 41. I therefore applied a 3000 gauss magnet to the opposite GB 41 and tapped it intermittently for 20 minutes. At this time I noticed that the patient's right leg was longer by at least one inch. After this treatment the left GB 41 was not as painful either to palpation or when walking and standing.

Fourteen days later the patient returned in order to have her leg length equalized. Her right leg was still one inch longer than her left. I needled GB 30, 31, 34, 38, 39, and 41 all on the right side. After twenty minutes I withdrew the needles and applied deep Rolling technique Tuina to GB 30 and the entire buttocks and down the back of the leg. At the end of the treatment the legs had approximated to within a quarter of an inch. My intention in equalizing the leg length was to both speed the healing of the injured foot and to reduce the likelihood of further "accidental" trauma to that leg. Being off balance by one inch made falling to that side more probable. It is hard to say whether the first accident involving that leg had been in part caused by a difference in leg length but it is safe to say that that first accident had intensified any tendency to asymmetry through muscle atrophy, compensation, and "guarding".

Case XVI: Female 32 years old Sequelae of Knee Surgery

The patient had had a long history of knee injuries and corrective surgery. The patient complained of numbness in the second and third toes of the right foot and pain in the ball of the foot. I needled PA FENG points corresponding to Liv 2, St 44, and the interosseous space between the third and fourth toes. The needles were inserted deeply towards the ankle. In addition I needled St 36 and extra point LING HOU. After the first treatment the patient reported considerable improvement in the right foot but numbness in the left foot. The same treatment was administered bilaterally. The third visit the patient felt "buzzing" instead of numbness in the left. The right was no longer numb but the patient said she felt as if the nerve on the

bottom of the right foot was compressed. Again I needled the same points bilaterally with the addition of Ki 1 on the right.

On her fourth visit the patient said she had felt shooting sensations up and down her right leg. The next day she had experienced pain behind her kneecaps. The pain in the right foot had localized to just behind her third metatarsal. Her left foot felt better. We did the same treatment three more times with the addition of warm needle moxibustion. Although the nature of her pain (buzzing, shooting, moving around) suggested Wind Bi, the patient responded well to Moxa and reported that her foot hurt especially when cold. From time to time the patient felt aching in the right foot but no further nerve twinges. She also experienced migrating pain in her right knee and hip.

One month after beginning treatment she had no pain or numbness in her left foot and transitory pain and/or numbness in her right. Four more treatments on the right side only spaced one week apart did not appreciably alter her condition. I did Akabane testing to see if some energy imbalance in her meridians might be causing these less than remarkable results. This test showed her right Gallbladder meridian to be relatively weak and her left Stomach meridian to be relatively excess. I needled her left St 45 with a stainless needle and her right GB 43 with a gold needle with appropriate manipulations.

For three weeks the patient felt well. Then she sprained her back to the left side. I needled Bl 54, did Rolling Technique TUINA massage on the low back, applied an ABC Plaster, and gave the patient San Qi Pien (Pseudo-ginseng tablets) to take internally. This relieved her back pain and the patient felt no more pain in her foot for one month. Then, one month later she reported numbness in the balls of the feet. I measured the relative lengths of the legs and found the left to be longer. Therefore I first inserted Copper intradermal needles bilaterally at SI 3 and Zinc at Bl 62 and left them in place ten minutes. After ten minutes I withdrew these and inserted Copper intradermals at Left Ki 6 and Right TH 5 and Zinc intradermals at Right Lu 7 and Left GB 41. After approximately fifteen minutes the patient's leg length equalized and I withdrew the needles.

For one week the patient's feet felt fine. She had asked friends to check her leg length and up until two days previously her right leg had been slightly longer. The day before her legs were equal and pain started again in her right leg. On the day of her visit her right foot started hurting as well and her left leg was longer. Again I equalized the leg length using the same treatment as above.

For another month the patient's legs and feet were great until the patient danced. After dancing she could feel the imbalance in her leg length. Again I evened her legs and again she felt well for three weeks. When the patient came in this time I decided to use a different approach to equilibrating the legs. I needled GB 30, 31, 34, 38, 39, 41, and TH 5 on the longer side. After this the patient had no leg or foot pain for six weeks at which time I repeated this same treatment.

In this case uneven leg length was probably the cause of the patient's "nerve" pain in her feet. This inequity may have been due to the scar tissue from her several knee surgeries. It is also possible that her unequal leg length had predisposed her to these leg injuries. In any case, because of the repeated trauma and surgical scarring there is a limit as to what can be accomplished

in this patient. However, towards the end of this series of treatments the patient went hot-tubbing. At the same time she had drunk a quantity of champagne. Subsequently she had broken into a rash all over her midsection. Once before in her life she had had such a rash which had "raged all over her body without relief". The patient had been under increased stress lately. I prescribed Tang Kuei and Arctium Formula and needled Sp 6, Sp 10, and LI 11. In one day her rash was gone.

This rash was due to Wind and Hot Blood. Looking back at the Akabane test of several months previous (Stomach Excess, Gall bladder Deficient) and taking into account the aggravating factors of alcohol and external Heat (the hot tub), it seems likely that this patient has an Internal disequilibrium in her Liver and Stomach which also probably plays some part in her continuing leg difficulties. Again, whether her traumatic injuries caused this imbalance or were caused by them is difficult to answer, but, in my opinion, this patient requires balancing of her pulses or Internal organs before one can expect branch adjustments in her extremities to hold. At this point such a case crosses out of the specific province of Hit medicine and into NEI KE (Internal medicine) and probably also FU KE (Gynecology). This exemplifies the fact that Chinese medicine, just as patients, cannot be separated into exclusive specialties and one must address the entire human being if one is to expect fundamental healing.

APOLOGIA

In the United States there is a great deal of confusion over the relationship between the martial arts and Buddhism. This in part has arisen because of the TV series Kung-fu and also because this confusion exists in Asia as well. There is no historical verification that Bodhidharma, the 28th Zen Patriarch, introduced martial arts training into the practices of Buddhist meditation at the Shaolin monasteries. It was not until the early Ching Dynasty, i.e. the 1600 and 1700's that martial arts were practiced in Buddhist monasteries. This was not by Buddhists but by the geurilla revolutionaries who used the monasteries as a cover and disguise. Over a period of time some monks lacking a true appreciation of their religious calling and having become infected with nationalism, politics, and the quest for power, whether mundane or psychic, began to train with the geurillas in the martial arts. After a few generations, stories grew up to support this error and traditions were born contrary to the very core teachings of Buddhism. In Japan similar events transpired in the monasteries which became political powers as opposed to spiritual centers.

Buddhism is firmly based on nonviolence and the absence of any ego to defend. It is also based on the Law of Karma which like the Christian Golden Rule states that aggression and violence met with aggression and aviolence will only breed further aggression and violence. Lord Buddha was born into the KSHATRIYA or warrior cast and was the martial arts champion of his day as a youth. Yet He never once suggested that any form of martial arts training formed part of His Dharma or Tao to Enlightenment. In His life He did teach and demonstrate that when attacked only the most complete and uncompromising non-defense of self or ego is the true or Noble Path. Buddhists are reminded of Lord Buddha's response to His cousin Devadatta's several attempts on His life and His response to Angulimala and Yid-throk-ma.

Therefore some Buddhists may question, and rightly so, my writing of this manual for injury management aimed in a large part at martial artists. This manual is not an endorsement of the martial arts either karmically or as a legitimate Path to Enlightenment. It is an attempt to alleviate unnecessary pain and suffering which is the Budhisattva's concern and true profession. If I have given advice on how to avoid injuring one's hands while practicing Iron Palm, it is not because I think practicing Iron Palm is ultimately useful or worthwhile. Having achieved Iron Palm, it is my hope that practitioners further realize that it cannot defend one against Death and that coming to terms with Death is the only worthwhile practice. And further, that coming

to terms with Death means embarking on a spiritual training under the guidance of a qualified teacher who is recognized as the embodiment of a historically valid and verifiable lineage. This manual has been written from the point of view of the proximate or energetic cause of suffering such a blockages in the flow of Qi and Blood. But I would like to state that according to Buddhism, the ultimate cause of suffering whether from trauma or degenerative disease is karmic, i.e. the result of previous unethical thoughts, words or deeds. Any medicine that does not simultaneously take into account this level of reality cannot be called holistic and is only still symptomatic.

FOOTNOTES

- 1 Sun Si-miao in CHEN'S HISTORY OF CHINESE MEDICAL SCIENCE, Hsu & Preacher, trans. & ed., Oriental Healing Arts Institute, Los Angeles, 1977, page 49
- 2 Sun Si-miao quoted in BULLETIN OF ORIENTAL HEALING ARTS INSTITUTE, Vol. 7, No. 8, December 1982, page 36
- 3 Li Jing Wei Fu Fang, "Sun Si Miao", THE JOURNAL OF CHINESE MEDICINE, Lewes, England, #13, September 1983, page 4
- 4 Yan Fu quoted by Orville Schell in WATCH OUT FOR THE FOREIGN GUESTS, New York City, 1980, page 145
- 5 Chang Chung-ching, SHANG HAN LUN, Hsu & Preacher, trans. & ed., OHAI, Los Angeles, 1981, page 2
- 6 Any treatment modality is potentially includable in the practice of so called Traditional Chinese Medicine, as long as the practitioner understands and applies a therapy in the light of classical Chinese medical theory. Chinese medicine is not an ethnographic artifact but a way of thinking, a system of logic. As Chinese medicine moves beyond the locus of its cultural genesis, its practitioners ability to see it as a conceptual framework rather than as a collection of treatments will determine this system's future survival and acceptance on a global scale.
- 7 Chapter 74 of NEI JING SU WEN quoted on page 3, Lesson 24 of the Chinese Foundations of Natural Health's GRADUATE COURSE IN ADVANCED CHINESE MEDICAL PHILOSOPHY compiled by Henry Lu, Vancouver, British Columbia
- 8 OHAI BULLETIN, op. cit., page 18
- 9 Quote from A NEW EDITION OF THE PHARMACOPEIA cited in ACUPUNCTURE: A COMPREHENSIVE TEXT, O'Connor & Bensky, trans. & ed., Chicago, 1981, page 438
- 10 TAI-I Moxa was developed by General Fan Pei-lan of the 18th Century CE which he described in his TA-I DIVINE NEEDLE. Actually Fan learned this technique and the rest of acupuncture and moxabustion from a mountain recluse. It is especially effective in the treatment of Wind Damp Obstructions and also in Deficient gastric illnesses. It is very Hot in nature. Its drawback is that due to the addition of powdered herbs, the ash from the stick tends to fall and can burn the patient. A full explanation of the theory and use of the TAI-I Divine Needle is found in the COLLECTED

MEDICAL ARTICLES of NAN YA TANG written by Chen Hsiu-yuan.

- 11 This is not my present opinion. Having studied Tibetan moxa theory and techniques I now feel that Direct Moxabustion may be appropriate in the treatment of tumors and cancer. Also, having learned the Japanese technique of super-small moxa "threads" using superfine moxa wool I feel this technique is useful in balancing the energy in chronic cases. Since this technique does not produce a blister, it cannot be criticized from the point of view of the usual complications resulting from Direct Moxa. However, since this is not a TIEH TA technique I have not described it in this text.
- 12 This list is included in the course materials of the Occidental Institute of Chinese Science's INTRODUCTORY COURSE ON ACUPUNCTURE/MOXA-BUSTION.
- 13 CHINESE MANIPULATIVE THERAPY, a course compiled by Henry Lu of the Chinese Foundations of Natural Health, Vancouver, British Columbia, Lesson 8, page 223
- 14 Ibid., page 238
- 15 Ibid., page 238
- 16 CHINESE MASSAGE THERAPY, trans. by Winnicup and Lee is just such a book. See the Bibliography for a fuller description.
- 17 CHINESE MANIPULATIVE THERAPY, op. cit., Lesson 6, page 202
- 18 Li Su Huai, RECENT DEVELOPMENTS IN AURICULAR THERAPY, Taipei, 1976, page 1-3
- 19 A BAREFOOT DOCTOR'S MANUAL, Seattle, 1977, page 140
- 20 Ibid., page 139
- 21 Chueng, C.S.; U Aik Kaw; Harrison, Howard; TREATMENT OF TOXIC SIDE EFFECTS RESULTING FROM RADIATION AND CHEMOTHERAPY BY TRADITIONAL CHINESE MEDICINE, Traditional Chinese Medical Publisher, San Francisco, 1980, p.1-7
- 22 Radiation not only weakens the Righteous Qi, but also introduces a poison or toxin. I do not know of any Chinese herbal formula specifically designed to "flush out" or discharge a non-manifesting, latent, or hidden toxin. Chinese antitoxic formulae with which I am familiar all treat symptomology caused by toxicity. Tibetan medicine, however, does employ alchemical remedies manifesting any overt symptomology. These remedies are classified as RINCHEN RILBU or Precious Pills. Several types exist. They contain from 16 to 78 ingredients, largely mineral. RINCHEN MANJOR CHENMO is a particularly effective Rinchen Rilbu for discharging toxins or poisons. It is available from Blue Poppy Enterprises.
- 23 Since originally writing this book the company which marketed Penetrating Bone Pills has gone out of business. I now most often use Gejie Da Bu Wan for the same purpose.

BIBLIOGRAPHY

ACUPUNCTURE: A COMPREHENSIVE TEXT O'Connor & Bensky, trans. & ed., Eastland Press, Chicago, 1981

This is the single best book on acupuncture, moxabustion, cupping, Seven Star Hammer, and a concise introduction to Chinese medical theory. It is expensive but indispensable.

A BAREFOOT DOCTOR'S MANUAL Revolutionary Health Committee of Hunan Province, Cloudburst Press, Seattle, 1977

In preparing HIT MEDICINE I had anticipated making heavy use of this book. Although it does discuss acupuncture, moxabustion, cupping, etc. and gives directions and instructions, I think it is only useful for those practitioners seeking to build a comprehensive library. The acupuncture formulae are a bit simplistic and the herbal formulae are for the most part unfillable in the U.S. since they often include local herbs not considered part of the standard repertoire of the Chinese pharmacopeia. I also have deep misgivings about combining western allopathy with Chinese medicine, although in the practice of Hit Medicine some such combinations are appropriate.

COMMONLY USED CHINESE HERB FORMULAE WITH ILLUSTRATIONS Hsu & Hsu, Oriental Healing Arts Institute, Los Angeles, 1980

This book is a mine of information on Chinese herbal formulae. Its differential diagnosis and discrimination between similar formulae is very good. The illustrations of symptom patterns which accompany most formula are also an excellent innovation. The formulae are categorized however according to a traditional Chinese system which makes the book difficult to use for anyone who is not familiar with the general categories of herbal formulae. There is no cross referencing of the formulae by symptoms or disease.

ESSENTIALS OF CHINESE ACUPUNCTURE Foreign Language Press, Beijing, 1980

This is the standard acupuncture textbook used world-wide. Not only is it the standard reference for most licensing exams, it also contains very clear descriptions of basic energetic anatomy and physiology.

HOW TO TREAT YOURSELF WITH CHINESE HERBS Hong-yen Hsu, OHAI, Los Angeles, 1980

This is a simplified version of COMMONLY USED CHINESE HERB FORMULAS

mentioned above without the illustrations and arranged according to western named diseases, syndromes, and symptoms. It is good for beginners or as a starting point in discriminating various formulae. The formulae included in this book are amongst the most commonly prescribed and form the foundation of a Chinese herbal repertoire.

NATURAL HEALING WITH CHINESE HERBS Hong-yen Hsu, ed., OHAI, Los Angeles, 1982

A translation of a forty year old classic in the contemporary literature, this book was originally written by a famous Japanese practitioner of Chinese herbal medicine. It is arranged according to western diseases and body systems. It provides comparative information between western and Chinese medicine on each pathology. It is much more complete than **HOW TO TREAT YOURSELF WITH CHINESE HERBS** but easier for a westerner to use that **COMMONLY USED CHINESE HERBAL FORMULAS**.

ORIENTAL METHODS OF MENTAL AND PHYSICAL FITNESS Huard & Wong, Funk & Wagnals, New York, 1977

This book contains a potpourri of information, some useful and some of only academic interest. It is one of the few books in English to discuss at all Oriental methods of traumatic injury management. It also has many very interesting illustrations.

THE WEB THAT HAS NO WEAVER Ted Kaptchuk, Congdon & Weed, New York, 1982

This is a very well written and scholarly introduction to Chinese medical theory. It is perceptive and authoritative. It will doubtless become a standard text in all American acupuncture schools. Unfortunately although the author has been trained very well in the facts and theories of Chinese medicine he has not undergone the meditative disciplines which make these theories an experiential reality. Therefore his intellectual and rational discussions on the validity and implications of Chinese medical theory are clever but unfounded. Happily such discussions do not occupy the major part of the text and this book rightly deserves to be required reading.

CHINESE MASSAGE THERAPY, Anhui Medical School Hospital Clinic, trans. by Winnicup & Lee, Shambala, Boulder, 1983

This is a translation of a Chinese primer on Tuina Medical Massage originally prepared in Anhui, PRC. It in turn is based on a similar primer published in Shanghai by the Shanghai College of Traditional Chinese Medicine. Although it accurately conveys the contemporary Chinese way of conceptualizing remedial massage therapy and contains a number of very effective protocols for specific injuries and ailments, these protocols are based on the therapists knowing how to perform the basic Tuina repertoire of "strokes". Although the book does describe these, neither the words or the pictures can adequately convey how to do these maneuvers if the reader has not seen them done in motion. In addition these maneuvers require literally hundreds of hours of practice on sandbags to perfect so that they will have the desired therapeutic effect. Blue Poppy Press plans to issue an instructional video demonstrating these maneuvers in the near future to offset this impossibility of learning Chinese massage from a book.

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OMS is a very reputable company which markets a full line of acupuncture supplies. They carry several different qualities of needles at a very reasonable price. They also sell Moxa, Cupping supplies, Bleeding needles, and several qualities of Seven Star Hammers. Their service is fast and courteous. Once a customer has become established with them they will accept orders over the phone.

Brion Corporation
12020-B Centralia Road
Hawaiian Gardens, CA 90716

Brion Corporation sells approximately 160 Chinese herbal formulae in freeze-dried, vacuum-extract form. These formulae are the most "classical" of the Chinese repertoire, many of them dating from the late Han Dynasty. Many Americans question the efficacy of herbal formulae in this modern form. My experience is that the majority of these formulae are clinically effective. There are a few of them that do not seem to have the expected potency, but only a few. The major drawback is that one cannot adjust dosage levels of the individual herbs or add and subtract herbs from the formulae to individually tailor them to the patient's individual conformation. However in Hit Medicine this is not such an issue. Brion Corporation will accept phone orders and ships UPS. Their service is very fast and they are courteous. They do not sell Patent Medicines or bulk herbs.

The following names and addresses are of Chinese apothecaries in the United States which are willing and capable of handling mail orders. They each sell the full range of Patent Medicines and bulk herbs. However, the Chinese characters for any items ordered must be included with the order. Most Chinese are incapable of making sense of either Pinyin or the Wade-Giles systems of Romanization.

Kwong Sang Lung Inc.
947 Grant Avenue
San Francisco CA 94108

Chan Ning Tong Company
899 Washington Street
San Francisco CA 94108

Chinese American Emporium Ltd.
14 Pell Street
New York City, N.Y. 10013

Choy's Herbs
575 Maynard Avenue South
Seattle, WA 98104

Tieh Ta Ke: Traditional Chinese Traumatology and First Aid is a new, revised, and expanded edition formerly titled **Hit Medicine**. This book is the first English language compilation of traditional Chinese methods of injury management and first aid. This book is both a primer for the American practitioner of Chinese medicine interested in broadening his or her skills in this specific area of practice and is also a guide for lay persons wishing to take advantage of the centuries of accumulated knowledge in the care and management of minor injuries and first aid available in the East.

The text is a compilation of many sources, not the least of which are teachings from numerous masters of Kung-fu with which the author studied over a period of years. The text also draws upon the author's experience working as an Intern in the acupuncture ward of the Lung Hua Hospital and the massage and manipulation ward of the Yue Yang Hospital both in Shanghai, the People's Republic of China.

Included in this book are individual chapters introducing the theory and step-by-step instructions on the major modes of treatment used in the Orient in injury management.

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| * Seven Star Hammer | * Magnetotherapy |
| * Cupping | * Chinese Herbs |
| * Moxabustion | Herbal Formulae |
| * Massage | Patent Medicines |
| * Auriculotherapy | Plasters & Poultices |
| * Acupuncture | * Home Remedies |

Also included are a large selection of case histories exemplifying the author's multimodal approach to injury management combining the use of acupuncture, herbs, and home remedies for patient follow-up care.