

刘昭 周晨华 著译



CHINA-ENGLISH

汉英对照

独穴

针灸疗法

ELUCIDATION OF SINGLE-ACUPOINT
ACUPUNCTURE AND
MOXIBUSTION
THERAPY



刘 昭 周晨华 著译

Written by Dr. Liu Zhao & Zhou Chenhua




CHINESE- ENGLISH

汉
英
对
照

独穴

针灸疗法

**ELUCIDATION OF SINGLE-ACUPOINT
ACUPUNCTURE AND
MOXIBUSTION
THERAPY**

 人民卫生出版社

图书在版编目(CIP)数据

汉英对照独穴针灸疗法/刘昭等著译. —北京:
人民卫生出版社, 2005. 2

ISBN 978-7-117-06580-1

I. 汉... II. 刘... III. 针灸疗法—汉、英
IV. R245

中国版本图书馆 CIP 数据核字(2005)第 002360 号

汉英对照独穴针灸疗法

著 译: 刘 昭 周晨华

出版发行: 人民卫生出版社(中继线 010-67616688)

地 址: 北京市丰台区方庄芳群园 3 区 3 号楼

邮 编: 100078

网 址: <http://www.pmph.com>

E-mail: pmph@pmph.com

购书热线: 010-67605754 010-65264830

印 刷: 三河市宏达印刷有限公司

经 销: 新华书店

开 本: 850×1168 1/32 印张: 12.625

字 数: 308 千字

版 次: 2005 年 1 月第 1 版 2008 年 1 月第 1 版第 2 次印刷

标准书号: ISBN 978-7-117-06580-1/R·6581

定 价: 25.00 元

版权所有, 侵权必究, 打击盗版举报电话: 010-87613394

(凡属印装质量问题请与本社销售部联系退换)

Preface

This book, namely *Chinese-English Elucidation of Single-acupoint Acupuncture and Moxibustion Therapy*, is an academic monograph on single-acupoint acupuncture and moxibustion (SAM). It is accomplished on the base of TCM's theory of meridians and syndrome-differentiation combining with the authors' clinic experiences obtained from their many years' clinical practice of acupuncture and moxibustion, it mainly narrated the principles of SAM and how to use it in the concrete clinic practice.

Science of acupuncture and moxibustion is an important part of TCM, it is widely used in all the medical practice. In the folk, there is a popular saying to appraise the quality of acupuncture "one gold, two silver and three bronze" (the true meaning is; the fewer acupoint used, the better the quality of the acupuncture). This means the successful acupuncture treatment should be simple in performance while prominent in therapeutic effect. As luck would have it, the authors also regarded such viewpoint as the start point to write this book, in which these effective methods of *Single-acupoint Acupuncture and Moxibustion* SAM that have been authenticated in their many years' clinic practice are veritably publicized to the readers so as to have a deeper discussion about SAM with the readers together.

SAM requires the acupuncturist to be in possession of the superexcellent ability to work out accurate diagnosis and syndrome-differentiation. At first, it requires the acupuncturist should expertly

master location and indications of the acupoints all around the body as well as the acupoints' multifarious effect in treatment; second, the acupuncturist should be able to work out accurate diagnosis and perform the corresponding syndrome-differentiation and treatment according to the concrete features of diseases; finally it's most important for the acupuncturist to make his manipulation just at the most appropriate measure when performing manipulation. Thus, could the patient's suffering be alleviated most effectively. All of these mean that: in SAM, the acupuncturist should adroitly master the systematic knowledge of acupuncture and moxibustion including the basic theory, the therapeutic principle and the prescription of acupoint as well as the manipulation techniques, furthermore, be good at using them in concrete clinic practice with great facility. In addition, the acupuncturist should be familiar with some unique methods of acupuncture and moxibustion such as Midnight-noon Ebb-flow and Eight Methods of Magic Turtle, for they are all useful to deal with some obstinate diseases in SAM's clinic practice.

Just according to the above requirements, this book, with its two parts: general introduction of SAM and case records of SAM, adequately revealed SAM's academic features referring to the basic theory, the therapeutic principle and the prescription of acupoint as well as the manipulation techniques, more valuably, it also detailed how to use SAM Therapy in concrete clinic practice. It's prominently characterized by its mature theory and entire clinic records, especially the therapeutic methods of SAM were all narrated very detailedly, so that it is extremely available and the readers can really benefit from their reading. Besides, this book has another character: it is a bilingual Chinese-English book. Such writing is very convenient for both Chinese and foreign readers reading and studying, especially

advantageous to spread and popularize SAM Therapy far and wide. In fact, this book plays a promotive and bridge-like role in helping Chinese and foreign scholars recognize and study SAM Therapy. Currently, it is the first bilingual Chinese-English monograph on SAM in the world.

Dr. LiuZhao and Zhou Chenhua, the authors of this book, are all employed by Jiangyin Hospital of TCM in Jiangsu Province at present. Dr. LiuZhao was born in Tianshui City, Gansu Province, his family is a well-known TCM family, so that he was strongly influenced by TCM culture when he was a little boy. Moreover, he started acquiring fundamental TCM knowledge from his father in his early youth. After he was enrolled into Nanjing Railway Medical College, he then systematically studied western medicine knowledge. During his college-living, he designed and invented the Manikin of Midnight-noon Ebb-flow and Eight Methods of Magic Turtle controlled by SCM. As his talent, Dr. LiuZhao is very accomplished in TCM, acupuncture and moxibustion as well as professional translation of TCM. Laudably, he possesses superexcellent perception on TCM, which led him to be extremely experienced and skillful in treating many common diseases and obstinate diseases with Chinese herbs, acupuncture and moxibustion. Dr. Zhou Chenhua graduated from clinic department of Nanjing Railway Medical College. During her college-living, she kept excellent grades all along. She also has good TCM knowledge and keeps long-term researches of TCM, she has been participating in Dr. LiuZhao's great quantity of medical practice all along. Furthermore, she has great attainments in professional translation of TCM. Therefore, we can know this book is accomplished actually undergo the authors' long-term accumulation of studies and practice.

The radical tenet of this book is to relieve the patient's suffering most effectively only with the fewest acupoint and the methods that can be easiest grasped, and then carrying forward SAM Therapy.

May more scholars grasp SAM Therapy together.

May SAM Therapy bring the patients more benefit and happiness.

Rao ZhiPing

October 5, 2004

Foreword

Science of acupuncture and moxibustion, with its ancient origin and long development has existed for many thousands years in our country, in which, single-acupoint acupuncture and moxibustion (SAM), as an unique therapeutic method, takes a very important place. As for SAM, it means to managing disease only with one acupoint. This method, in clinical practice, is prominently characterized by these features including fewer employed acupoint, simple performance and rapid curative effect as well as less pain for patient. This book, namely *Chinese-English Elucidation of Single-acupoint Acupuncture and Moxibustion Therapy*, is a bilingual Chinese-English monograph on SAM.

There are a great many records about SAM in all the books of acupuncture and moxibustion through the ages. Sequentially, in recent ten years or so, some scholars in our country collected a lot of relative information and published the books on SAM. Just in such background, this book, *Chinese-English Elucidation of Single-acupoint Acupuncture and Moxibustion Therapy*, is worked out under the instruction of TCM's theory of meridians and syndrome-differentiation combining with our clinical experiences obtained from many years' clinic practice of acupuncture and moxibustion, it systematically narrates the principles of SAM and how to use it in the concrete clinic practice. This book includes two parts; the first part is general introduction of SAM and the second is case records of SAM, the first part inherits the traditional theories of TCM and

detailedly narrates SAM's theoretical fundament and its academic character; the second part, adopting the form of concrete case records, adequately revealed SAM's academic features in such aspects as the basic theory, the therapeutic principle and the prescription of acupoint as well as the manipulation techniques, more remarkably, it clearly tells the readers how to correctly use SAM Therapy in concrete clinic practice. We really hope such composing can effectively help our readers master SAM Therapy systematically and then use it in the clinic practice correctly and freely.

The book inherits the traditional theories of TCM. Meanwhile, as for the composing style of case records, it's absolutely distinctive, for the history of illness, physical examination and diagnosis were all written in the form of current admission record, while TCM's treatment based on syndrome-differentiation was emphasized when analysing the concrete case, furthermore, these features of SAM referring to the basic theory, the therapeutic principle, the prescription of acupoint and the manipulation techniques were strictly permeated throughout the process of whole treatment. We consider this new composing is not only advantageous to form SAM's unique system of theory, but also very significative for TCM to advance toward the world and toward modernization. Besides, this book is a bilingual Chinese-English book, it is very advantageous to spread and popularize SAM Therapy far and wide, furthermore, it plays a promotive and bridge-like role in helping Chinese and foreign scholars recognize and study SAM Therapy.

SAM requires the acupuncturist to adroitly master the systematical knowledge of acupuncture and moxibustion, including some advanced acupuncture techniques, such as Midnight-noon

Ebb-flow, Eight Methods of Magic Turtle and Swift-flying Eight Methods, etc. Although it's difficult for us to understand and use them (for example, it's much more difficult to calculate the opening acupoint in Najia method or Yangzi method of Midnight-noon ebb-flow.), we still selected some case records that can be easily understood by the readers in this book (for example, we selected some case records referring to Nazi method of Midnight-noon ebb-flow). Through reading these case records, our readers can know about some relative knowledge. Nevertheless, as for the detailed contents about these knowledge, we advise the readers to read other monograph on these knowledge so as to improve their medical art more and more. In addition, that should be explained is: in our country, many acupuncturists have their own consummate skills in SAM. However, these selected case records in this book are the integrant case records of SAM collected and summarized by us in our clinic practice, they are all safe and simple in performance and can be easily grasped. As for some special SAM Therapy, they weren't included in this book, for they are all risky and complicated in performance (for example, treating aphasia or hepatitis with SAM Therapy) or it's really difficult for the readers to grasp them (for example, treating diabetes or hyperplasia of prostate with SAM Therapy). We really hope our readers can understand our selection.

Writing this book spent almost ten years, because it's really difficult to collect the entirely-surveyed and valuable cases in actual clinic practice, it's always disturbed by some objective or subjective factors. Especially in the recent years, with the frequent changing of the authors' work environment, our writing was interrupted for several times. Although there were many difficulties in the process of our writing, some kind-hearted people helped us when we were in

predicament. Mr. Huang Jianhua in JiangYin, provided us with a stable environment of work and offered us strong support and help when our writing was stopped; after this book was finally worked out, it's greatly honoured that Mr. Rao Zhiping in Nanjing specially wrote the preface for this book. All of these encouraged us to conquer all the suffering and achieve writing the book. So that this book actually concentrated the painstaking labour of all these kind-hearted people.

Because the theories of SAM Therapy are much more comprehensive and profound, especially many TCM terms came from the ancient period and have particular denotations. It's matter-of-factly difficult to accurately translate them. Therefore, inaccuracies in this book are unavoidable. We really hope that our TCM friends in the world will help us with timely corrections.

May SAM Therapy spread and popularize far and wide all over the world!

May everyone under the heaven enjoy a long and healthy life!

Dr. Liu Zhao & Zhou Chenhua

October 27, 2004

Contents

General Introduction of Single-Acupoint Acupuncture and Moxibustion

Chapter One General Talk	143
Chapter Two Theoretical Basis of Single-acupoint Acupuncture and Moxibustion	143
1. Etiological Theory	144
2. Meridians Theory	145
3. Theory of Syndrome-differentiation	148
4. Therapeutic Principle	153
5. Functions of Some Specific Acupoints	156
(1) Luo-(Connecting) Acupoints	156
(2) Five-Shu Acupoints	157
(3) Front-Mu Acupoints	159
(4) Xi-(Cleft) Acupoints	160
(5) Confluent Acupoints of Eight Extra Meridians	161
(6) Crossing Acupoints	162
(7) Eight Influential Acupoints	162
(8) Lower He-(Sea) Acupoints	163
(9) Yuan-(Primary) Acupoints	163
(10) Back-Shu Acupoints	164
Chapter Three Manipulation Techniques of Single-acupoint Acupuncture and Moxibustion	165
1. Manipulation of Acupuncture of Single-acupoint Therapy	165

2. Manipulation of Moxibustion of Single-acupoint	
Therapy	172
3. Application of Other Specific Methods in Single-acupoint	
Therapy	175
Chapter Four Some Relative Topics of Single-acupoint	
Acupuncture and Moxibustion	176
Chapter Five The Indications and contraindications of	
Single-Acupoint Acupuncture and Moxibustion	180
 Case Records of Single-Acupoint	
Acupuncture and Moxibustion	
Chapter One Internal Diseases	183
1. Infection of Upper Respiratory Tract	183
2. Obstinate Cough	188
3. Bronchial Asthma	195
4. Sinus Tachycardia	200
5. Hypertension	201
6. Angina Pectoris	205
7. Stomachache	207
8. Flatulence	213
9. Gastroparesis	218
10. Vomiting	221
11. Cholecystitis	227
12. Hiccup	231
13. Chronic Enteritis	233
14. Angioneurotic Headache	237
15. Nervous Insomnia	244
16. Bout of Epilepsy	248
Chapter Two Surgical Diseases	250

1. Carcinomatous Pain	250
2. Renal Colic	257
3. Pain of Testis	262
4. Tremor of Fingers	266
5. Scapulohumeral Periarthritis	270
6. Sciatica	279
7. Sprain of Ankle	284
8. Stiff neck	286
9. Lumbago	290
10. External Humeral Epicondylitis	296
11. Hemorrhoid	298
12. Deviation of Qigong	301
13. Facial Furunculi	303
Chapter Three Diseases of Obstetrics and Gynecology	305
1. Pediculotorsion of Ovarian Cyst	305
2. Pain of Breast	308
3. Dysmenorrhea	310
4. Postpartum Subinvolution of Uterus	315
5. Postpartum Pain of Wrist	318
6. Menopausal Syndrome	320
7. Leukorrhagia	322
8. Dysfunctional Uterine Hemorrhage	324
Chapter Four Pediatric Diseases	329
1. Hyperpyretic Convulsion	329
2. Enuresis	333
Chapter Five Diseases of Skin	335
1. Facial Chloasma	335
2. Allergic Dermatitis	338
3. Solaris Dermatitis	341

4. Cutaneous Pruritus	343
5. Urticaria	345
Chapter Six Ophthalmic Diseases	355
1. Acute Conjunctivitis	355
2. Hordeolum	357
3. Trauma of Eye	361
Chapter Seven Diseases of Otorhinolaryngology	364
1. Acute Laryngopharyngitis	364
2. Chronic Pharyngitis	368
3. Tinnitus and Deafness	372
4. Toothache	376
5. Meniere's Disease	380
6. Pharyngolaryngeal Neurosis	383
7. Trauma of Auricle	385
8. Chronic Allergic Rhinitis	387

General Introduction of Single-Acupoint Acupuncture and Moxibustion

Chapter One General Talk

This therapy——single-acupoint acupuncture and moxibustion (SAM) is an unique therapeutic method of TCM, it refers to managing disease only with one acupoint. In clinical practice, it is, prominently characterized by these features including fewer employed acupoint, simple performance and rapid curative effect as well as less pain for patient. Over many thousands years' span of acupuncture's history, it grows up and evolves continuously with growing and developing of traditional acupuncture and moxibustion (TAM) all along. As a kind of special method of acupuncture and moxibustion, it not only has indiscerptible and immanent relation to TAM, is also different from TAM with its own particularity. Deep comprehending its academic character and analyzing its sameness and difference with TAM, it can greatly help us to systematically study and master its diagnostic and therapeutic rules, moreover, is more beneficial for us to adroitly use it so as to make great progress in our clinic practice.

Chapter Two Theoretical Basis of Single-acupoint Acupuncture and Moxibustion

Just as TAM, SAM also carries on traditional theories of TCM,

especially the theories on meridian and syndrome-differentiation. Among them, meridians theory and meridian syndrome-differentiation are all most central theories of SAM. In its clinic practice, acupuncturist's diagnosis, syndrome-differentiation, therapeutic plan and idiographic manipulation are all established under their instruction. Now, we will respectively discuss some TCM's theories connecting with SAM.

1. Etiological Theory

SAM's etiological theory basically follows TCM's theory of six evils. In SAM's clinic practice, acupuncturist's cognition on causes of illness similarly belongs to the category of six evils, while the difference between them is that: SAM requires the acupuncturist can more accurately find out the pathogenic factors and analyze out the most pivotal pathogenic tache in order to establish the most efficient therapeutic plan and choose the most suitable acupoint for the disease. For example, how to recognize a syndrome caused by attacking of exogenous wind-cold evil, it's different for the acupuncturists who carry out TAM and SAM, TAM merely requires the acupuncturist can correctly find out the pathogenic factors are wind evil and cold evil and then select some corresponding acupoints such as HeGu (LI4) and FengChi (GB20) for expelling the exogenous wind-cold evil, however, SAM requires the acupuncturist can not only find out the pathogenic factors, but also accurately analyze out which one is the most pivotal factor, if the wind-evil is the pivotal pathogenic factor, the corresponding acupoint such as FengChi (GB20) should be selected for expelling the wind-evil, if the cold-evil is the pivotal factor, then the corresponding acupoint such as DaZhui (GV14) should be selected for invigorating Yang-Qi in order to expel the cold-evil. Of course, such difference is

relative. In idiographic process of acupuncture practice, acupuncturists should cleverly judge it, sequentially distinguish the primary side from the secondary side, furthermore, consider all sides of the disease as a whole.

2. Meridians Theory

As the academic basis of acupuncture, meridians theory is likewise important for both TAM and SAM. In all clinic practice of acupuncture, meridians theory is the key point to instruct the acupuncturists' treatment based on syndrome-differentiation and establishment of therapeutic plan. Concretely speaking, meridians theory offers two instructions to acupuncturists, they are: ①according to the meridians' distributing lines, physiological functions, characters of the meridians' Qi and blood, and their mutual relationships, as well as the distributing regions and occurring characters of the syndrome and the positive signs, the acupuncturist concretely analyze the disease and then affirm the correct syndrome-differentiation type in order to summarize out the concrete meridian affected by the illness and the key points of the syndrome differentiation; ②according to the summarized key points of the syndrome differentiation, the affected meridian and its relationship with other relative meridians, the acupuncturists further establish the therapeutic plan, select the most suitable acupoint for acupuncture and decide how to manipulate the needle. So that we can say: actually, meridians theory is just the soul to instruct the acupuncturists how to practise acupuncture therapies.

In SAM, such instructive influence of meridians theory appears more prominent, for the acupuncturists just lean upon meridians theory to perform analyzing and recognizing the syndrome and signs of disease throughout the whole process of SAM practice,

furthermore, it instructs the acupuncturists to deeply dissect the mechanism of the disease, and then establish the therapeutic principle, finally concentrate all the therapeutic intentions upon the selected one acupoint and finish the treatment with most suitable manipulation. All the above taches require the acupuncturists to recognize and understand meridians theory more thoroughly and extensively, the acupuncturists ought to master all the knowledge of the system of Twelve Regular Meridians and Eight Extra Meridians, including the meridians' distributing line, physiological functions, meridian diseases and their mutual relationships. Only by this, could the acupuncturists successfully study the meridians theory and cleverly employ it in their clinic practice, furthermore, they could comprehend more thorough and extensive knowledge only by grasping one part, draw inference about other cases only from one instance, even treating some obstinate diseases, could they achieve success by surprise tactics.

Here, that must be pointed out is: SAM is neither selecting acupoint only according to someone's experience nor selecting the responding point of disease. If SAM is superficially regarded as selecting acupoint only according to experience, while its immanent medical thought is ignored, or it is simply considered as selecting the responding point of disease, actually, the essence of all these instances is to castrate the thought and soul of SAM, abolish its immanent medical theory and only reserve its efficient point. In fact, such "SAM" has already lapsed from the basic principles of the science of acupuncture and moxibustion, just like a soulless body. Academically, such "SAM" has lost its life and couldn't make any progress, practically, it will just run into a stone wall sooner or later, just like a blindman walking alone in the night.

Advisably, we should have a scientific attitude to make a deep analysis on some really efficient acupoints based on meridians theory so as to comprehend their immanent mechanism, by such way, we can not only know the hows but also understand the whys. According to authors' many years' experience, if we could really comprehend the immanent mechanism of one experiential acupoint, academically, we would have a very deep sensation of being suddenly bright open, it could enlighten us on our professional comprehension as well as help us draw inference about other cases only from one instance in our clinic practice. For example, I once met with a old TCM doctor, he only selected the acupoint of YeMen (TE2) for treating stomachache, at that time I was very amazed at his decision and wondered why he selected so unusual acupoint. I thought these acupoints such as ZuSanLi (ST36) or ZhongWan (CV12) might be more suitable for alleviating stomachache, why he didn't select those acupoints? Therefore, I asked him for the reason of his selection, but he only tell me it's an efficient experiential acupoint for stopping stomachache handed down from his acupuncture teacher, he didn't know the why either. Therefore, it left a doubt to me. Later on, when I was reviewing the knowledge of meridians theory, I found that Triple-Energizer Meridian of Hand-Shaoyang is the Qi-house for storing meridian-Qi of all the meridians, it usually governs the functional activities of all the meridian-Qi. I was suddenly inspired by this new discovery and sequentially understood the former doubt. As a familiar sight, stomachache was mostly caused by stagnancy of gastric Qi, while Triple-Energizer Meridian is just responsible for normalizing the functional activities of all the meridian-Qi, so that pricking its acupoint can effectively dredge the stagnant gastric Qi and then stop stomachache, this is why the old

TCM doctor selected the unusual acupoint but stopped stomachache quickly. Such astute therapeutic method actually resulted from mastering the knowledge of meridians theory. As a result of understanding the effect mechanism, there appeared such inspiration in my heart immediately, I conjectured that the syndrome mainly caused by stagnancy of Qi can be similarly treated by stimulating a proper acupoint in Triple-Energizer Meridian of Hand-Shaoyang. Some times later on, I selected the acupoint of YeMen (TE2) for treating acute bout of asthma according to the same principle, as expected, there was prominent curative effect too.

Anyway, in order to really grasp SAM, it is very significant to skillfully master all the concrete content of meridians theory as well as think more and summarize more combining with clinic practice. Meridians theory, as the academic source of SAM, should be scientifically recognized, for it is very important to continuously develop SAM.

3. Theory of Syndrome-differentiation

In TCM, there are many systems of syndrome-differentiation, including syndrome-differentiation of Eight Principles, syndrome-differentiation of Zang-Fu organs, syndrome-differentiation of Triple-Energizer, syndrome-differentiation of six meridians, syndrome-differentiation of meridians etc. How to use these systems of syndrome differentiation, in SAM, is not fixed and unchangeable, they are all used cleverly based on the occurring character of disease. Among them, syndrome-differentiation of Eight Principles and syndrome-differentiation of meridians are most commonly used in SAM's clinic practice. We should know that syndrome-differentiation of Eight Principles is the most important general principle to instruct all the practice of TCM, both acupuncture

treatment and clinic medication must follow it. In the concrete practice, syndrome-differentiation of Eight Principles is seldom applied solely, usually it is used with other system of syndrome-differentiation together, For example, sometimes it combines with syndrome-differentiation of six meridians for treating exogenous febrile diseases; sometimes it combines with syndrome-differentiation of defensive-phase, Qi-phase, nutrient-phase and blood-phase for treating some epidemic diseases, sometimes it combines with syndrome-differentiation of Eight Extra Meridians for treating some diseases of obstetrics and gynecology etc. While in acupuncture practice, it always combines with syndrome-differentiation of meridians. For instance, to the patients having a headache, first, the TCM doctors often confirm the affected meridians according to affected regions, this process belongs to syndrome-differentiation of meridians; second, based on occurring character of syndrome and signs and the features of four diagnostic method, the doctors then distinguish cold syndrome from heat syndrome; asthenia syndrome from sthenia syndrome as well as interior syndrome from exterior syndrome, this process belongs to syndrome-differentiation of Eight Principles. In concrete clinic practice, both TAM and SAM mostly follow such train of thought. Of course, some systems of syndrome-differentiation that are seldom employed in acupuncture practice can be also combined with syndrome-differentiation of Eight Principles and employed for treating some special diseases, furthermore, there will be prominent curative effect above expectation. For example, I once treated a case that was diagnosed as “allergic dermatitis after injecting Ampicillin”, at that time, some wildly-distributed red maculopapules could be seen on the skins all over the body. Because the affected regions distributed too wide, it's much

more difficult to affirm the meridians involved in the illness only by using syndrome-differentiation of meridians. However, through carefully analyzing the occurring character of the illness, I found that the occurring character of the illness was just as same as the syndrome of blood-phase that had been expatiated in the system of syndrome-differentiation of defensive-phase, Qi-phase, nutrient-phase and blood-phase. So that I decided to combine the syndrome-differentiation of Eight Principles with the syndrome-differentiation of defensive-phase, Qi-phase, nutrient-phase and blood-phase together in order to analyze the case. Along such train of thought, it was confirmed as exuberance of blood-heat and then was treated by needling the influential acupoint of blood——GeShu (BL17) with reducing manipulation and cupping therapy on it. Under 12 days' treatment, it was completely cured. It indicates that although there are some differences among those systems of syndrome-differentiation, there will be protrudent curative effect certainly if they could be properly employed in concrete clinic practice, what counts is whether the doctors can correctly and cleverly use them or not.

It is much more significant for an employable TCM doctor to use these systems of syndrome-differentiation correctly and cleverly according to various symptoms and signs in concrete clinic practice. It's also an important standard to judge the quality of TCM doctors' clinic practice. If a TCM doctor can skillfully master the characters of all the systems of syndrome-differentiation and be good at using them properly and cleverly, he (or she) will be capable of getting successful inspiration everywhere in his (or her) clinic practice with great facility; otherwise, if a TCM doctor is lack of substantial fundamental knowledge of TCM and also short of deep

comprehension on every system of syndrom-differentiation, he (or she) will certainly run into a stone wall in clinic practice, just like a blindman feeling an elephant.

Of course, to an TCM doctor, improving his (or her) quality of syndrome-differentiation can not be accomplished in one step. Especially in SAM, the requirement to him (or her) is higher and stricter. It requires the acupuncturist can not only accurately and cleverly use each system of syndrome-differentiation but also possess the superexcellent summarizing ability in order to concentrate all the pathogenic mechanisms on one acupoint and make good preparations for SAM treatment. Now, that is a problem, how can we effectively improve our quality of syndrome-differentiation? As authors' experiences obtained from many years' study, we feel that: based on thoroughly comprehending all the knowledge of syndrome-differentiation, it is the first important thing that we should lay stress on clinic practice and then deeply think about in clinic practice and timely summarize our medical experiences, second, we should attach importance to wildy studying the senior doctors' case records, during the process of studying the case records, we should continuously compare our cognition with the senior doctors' cognition on these cases, learn from the senior doctors' strongpoint to counteract our own blind side. As a result of such diligent study, our ability of syndrome-differentiation will be greatly improved sooner or later, this is another efficient method to improve our quality of syndrome-differentiation.

Additionally, that must be pointed out is: in clinic practice, TCM' syndrome-differentiation is doctor's occupational behavior, it's very serious, because it is the most determinant factor that can directly lead the treatment to be successful or frustrated, it can also

cause the curative effect is prominent or faint, especially, it's closely connected with the patient's immediate interests. Therefore, the doctor must detailedly analyze the history of illness, carefully examine the symptoms and signs with four diagnostic methods before confirming the type of syndrome-differentiation. If the objective condition permits, some relative laboratory examination should be done for having more accurate cognition on the illness. The doctor should gather all results of the medical examination together, carefully analyze them and make a conscientious study, and then draw a conclusion finally. Only by such cautious concluding, could the errors be reduced to a minimum. In clinic practice, it is the biggest taboo that the doctors do a sloppy job or make a careless study and then draw a specious conclusion. Additionally, it's the most shameful that someone speaks at random and talks nonsense, gives the patient an irresponsible conclusion, such "doctors" always regard the patients' interests as a trifling matter. In their clinic practice, they first tell the patient: "it might be deficiency of Yin", if the illness couldn't be cured, they will tell the patient: "it might be deficiency of Yang", if the illness couldn't be cured yet, they will tell the patient: "it might be deficiency of both Yin and Yang". So "cleverly using" TCM's syndrome-differentiation and regarding it as a magic weapon to cheat the patients, virtually it is a flagrant violation of TCM, it's just the manifestation of medical ruffian.

Certainly, it should be admitted that it is really difficult for TCM doctors to ensure their syndrome-differentiation on every case being in appropriate measure when performing their complex clinic practice. Especially in the process of dealing with some obstinate diseases, it's unavoidable that there would appear errors in this side or that as the doctors have syndrome differentiating. However, as an

employable TCM doctor, if there really appears error, we should carefully reexamine every tache of the original syndrome-differentiation and think deeply and seriously in order to find out its reason and correct our syndrome-differentiation again. Through such cautious and conscientious summarizing and continuous urging ourselves on with diligent and factualistic attitude, even the doctor is in short of some professional knowledge, he (or she) will certainly make great progress in medical skills and succeed in clinic practice sooner or later.

As a conclusion, we must know that TCM 's syndrome-differentiation is the soul to instruct TCM 's clinic practice, it possesses great power to strongly influence all the clinic practices of TCM, including SAM and the others. In our clinic practice, deeply studying every system of syndrome-differentiation and using them correctly and cleverly, will offer us strong support and ensure our clinic practice being successful.

4. Therapeutic Principle

In clinic practice, therapeutic principles of SAM is almost same as those of TAM. General speaking, there are three principles that are all significant to universally instruct acupuncture treatment and selection of acupoint as well as manipulation techniques. The first is regulating the Yin and Yang; the second is replenishing the deficient healthy-Qi and eliminating the excess evils; the third is distinguishing the primary from the secondary. Among them, regulating the Yin and Yang is the most fundamental principle. In the fifth chapter of *Miraculous pivot*, it directly points out that "how to regulate Yin and Yang is the most important in acupuncture treatment." It clearly indicates the importance of this principle in acupuncture treatment. Essentially, the effect mechanism of

acupuncture treatment is to correct the state of imbalance between Yin and Yang caused by the diseases, so as to restore the normal state of equilibrium between Yin and Yang. So the second principle——replenishing the deficient healthy-Qi and eliminating the excess evils, is set up just for ensuring accomplishment of the above therapeutic intention. In the tenth chapter of *Miraculous pivot*, it points out that the sthenic syndrome should be treated by venting skill, the asthenic syndrome should be treated by replenishing skill, the heat syndrome should be treated by rapid manipulation skills, the cold syndrome should be treated by needle-retaining skill, the collapse syndrome should be treated by moxibustion, the non-sthenic and non-asthenic syndrome should be treated by needling the acupoints of the affected meridian. Furthermore, in the first chapter of *Miraculous pivot*, it points out that an acupuncturist should treat the asthenic syndrome through replenishing the deficient healthy-Qi, treat the fullness syndrome through venting the stagnant Qi, treat the accumulated syndrome through removing the accumulation, treat the sthenic syndrome through weakening the rampant evils. All the above chapters expatiate this principle very clearly. In concrete acupuncture practice, the acupuncturist's intention of replenishing the deficient healthy-Qi and eliminating the sthenic evils is mainly achieved through the selected acupoints and the used manipulation method. While the third principle——distinguishing the primary from the secondary, mainly refers to distinguishing the primary contradiction and the secondary contradiction and respectively giving them corresponding treatment. General speaking, the healthy-Qi is the primary while the evil is the secondary; the pathogenic factor is the primary and the symptom is the

secondary; the primary disease is the primary and the secondary disease is the secondary, etc. But in concrete clinic practice, such distinguishing is relative, it must be judged according to the actual conditions.

Essentially, the above principles respond to the syndrome-differentiation of Eight Principles. Concretely speaking, in SAM's clinic practice, the therapeutic principle is determined by the concrete type of syndrome-differentiation. It just clearly reflects the importance of syndrome-differentiation and its strong influence on treatment. For instance, to a patient having stomachache, if the syndrome-differentiation is affirmed as asthenia-cold syndrome of middle-energizer, the corresponding therapeutic principle should be warming the middle-energizer and eliminating the cold-evil; if the syndrome-differentiation is affirmed as deficiency of Yin and heat-syndrome of stomach, the corresponding therapeutic principle should be nourishing Yin and clearing away heat-evil from stomach. To the patients who have shoulder pain, usually the syndrome-differentiation of meridians is employed according to the distribution regions of the symptom and signs. If the anterior regions of the shoulder are mainly affected, the affected meridian should be Large Intestine Meridian of Hand-Yangming and the acupoint of HeGu (LI4) should be selected for treating the disease; if the posterior regions of the shoulder are mainly affected and the neck, back are all involved too, the affected meridian should be Small Intestine Meridian of Hand-Taiyang and the acupoint of ZhiZheng (SI7) should be selected for treating the disease; if the most painful region is located at the median area, the affected meridian should be Triple Energizer Meridian of Hand-Shaoyang and the acupoint of WaiGuan (TE5) should be selected for treating the disease.

All the above examples reveal that ;under the instruction of the above three principles, establishment of therapeutic principle is closely connected with the concrete type of syndrome-differentiation in concrete clinic practice, virtually they are indiscerptible. Acupuncturist should regard them as a whole body, then he could work out the perfect therapeutic principle that is most suitable for the illness.

5. Functions of Some Specific Acupoints

In the science of acupuncture and moxibustion, there are several kinds of specific acupoints. They are all in great importance and possess particular curative effect in acupuncture treatment. Thereby, they are all very commonly-used acupoints in SAM 's clinic practice. These specific acupoints are all listed as below :

(1) Luo-(Connecting) Acupoints

In twelve regular meridians, Luo-(connecting) acupoints refer to these acupoints through which the exteriorly-interiorly related Yin and Yang meridians are linked. They are all on the limbs, besides, there are the Luo-(connecting) acupoints of Governor and Conception Vessels and the Major Collateral of Spleen, they are all distributed on the back, abdomen and lateral side of hypochondrium. These acupoints are termed " the Fifteen Luo-(Connecting) Acupoint ". The specific physiological function of Luo-(connecting) acupoints is that these acupoints link the exteriorly-interiorly related Yin and Yang meridians. In SAM 's clinic practice, the acupuncturist just use this specific function of Luo-(connecting) acupoints so as to treat several symptoms only with selecting one acupoint. These Luo-(connecting) acupoints are all as below (See Table1).

Table1 the Fifteen Luo-(Connecting) Acupoint

Meridians	Luo-(Connecting) Acupoint
Lung Meridian of Hand-Taiyin	LieQue(LU7)
Large Intestine Meridian of Hand-Yangming	PianLi(LI6)
Stomach Meridian of Foot-Yangming	FengLong(ST40)
Spleen Meridian of Foot-Taiyin	GongSun(SP4)
Heart Meridian of Hand-Shaoyin	TongLi(HT5)
Small Intestine Meridian of Hand-Taiyang	ZhiZheng(SI7)
Bladder Meridian of Foot-Taiyang	FeiYang(BL58)
Kidney Meridian of Foot-Shaoyin	DaZhong(KI14)
Pericardium Meridian of Hand-Jueyin	NeiGuan(PC6)
Triple Energizer Meridian of Hand-Shaoyang	WaiGuan(TE15)
Gallbladder Meridian of Foot-Shaoyang	GuangMing(GB37)
Liver Meridian of Foot-Jueyin	LiGou(LR5)
Conception Vessel	JiuWei(CV15)
Governor Vessel	ChangQiang(GV1)
Major Collateral of Spleen	DaBao(SP21)

(2) Five-Shu Acupoints

The Five-Shu Acupoints refer to the five specific acupoints of each of the twelve regular meridian below the elbow or knees joint, namely, Jing-(Well), Ying-(Spring), Shu-(Stream), Jing-(River), He-(Sea). They are all termed “Five-Shu Acupoints” as a whole. These acupoints, in Nazi method of Midnight-noon ebb-flow, are applied to describe the change of flow of meridian-Qi from weak to exuberant, it's the basis of Midnight-noon ebb-flow. In addition, each of the Five-Shu acupoints possesses its own attribute of Five-Element, the attribute of Five-Element is the important basis to work out the opening acupoint in Najia method or Yangzi

method of Midnight-noon ebb-flow. While Midnight-noon ebb-flow, as an advanced skill of acupuncture, is widely used in SAM, although it's very hard to study and grasp it. These specific acupoints are all as below (See Table2,3)

Table2 Five-Shu Acupoints of Yin-Meridians

Acupoint	Jing- (Well)	Ying- (Spring)	Shu- (Stream)	Jing- (River)	He- (Sea)
Attribute	Wood	Fire	Earth	Metal	Water
Lung Meridian	ShaoShang (LU11)	YuJi (LU10)	TaiYuan (LU9)	JingQu (LU8)	ChiZe (LU5)
Spleen Meridian	YinBai (SP1)	DaDou (SP2)	TaiBai (SP3)	ShangQiu (SP5)	YinLingQuan (SP9)
Heart Meridian	ShaoChong (HT9)	ShaoFu (HT8)	ShenMen (HT7)	LingDao (HT4)	ShaoHai (HT3)
Kidney Meridian	YongQuan (KI1)	RanGu (KI2)	TaiXi (KI3)	FuLiu (KI7)	YinGu (KI10)
Pericardium meridian	ZhongChong (PC9)	LaoGong (PC8)	DaLing (PC7)	JianShi (PC5)	QuZe (PC3)
Liver Meridian	DaDun (LR1)	XinJian (LR2)	TaiChong (LR3)	ZhongFen (LR4)	QuQuan (LR8)

Table3 Five-Shu Acupoints of Yang-Meridians

Acupoint	Jing- (Well)	Ying (Spring)	Shu- (Stream)	Jing- (River)	He- (Sea)
Attribute	Metal	Water	Wood	Fire	Earth
Large Intestine Meridian	ShangYang (LI1)	ErJian (LI2)	SanJian (LI3)	YangXi (LI5)	QuChi (LI11)
Stomach Meridian	LiDui (ST45)	NeiTing (ST44)	XianGu (ST43)	JieXi (ST41)	ZuSanLi (ST36)
Small Intestine Meridian	ShaoZe (SI1)	QianGu (SI2)	HouXi (SI3)	YangGu (SI5)	XiaoHai (SI8)
Bladder Meridian	ZhiYin (BL67)	ZuTongGu (BL66)	ShuGu (BL65)	KunLun (BL60)	WeiZhong (BL40)

Continue

Acupoint	Jing- (Well)	Ying (Spring)	Shu- (Stream)	Jing- (River)	He- (Sea)
Triple-energizer Meridian	Guanchong (TE1)	YeMen (TE2)	ZhongZhu (TE3)	ZhiGou (TE6)	TianJin (TE10)
Gallbladder Meridian	ZuQiaoYin (GB44)	XiaXi (GB43)	ZuLinQi (GB41)	YangFu (GB38)	YangLingquan (GB34)

(3) Front-Mu Acupoints

The Front-Mu Acupoints refer to these acupoints at which the Qi and blood of the respective Zang-organ or Fu-organ are infused and converged together. These acupoints are all located close to their corresponding Zang or Fu organs, and then can directly reflect the functional states of their corresponding Zang or Fu organs. In SAM's clinic practice, the acupuncturists select the Front-Mu acupoint mainly for treating the disease of its corresponding Zang or Fu organ directly and effectively. These acupoints are all as below (See Table4)

Table4 Front-Mu Acupoints

Meridians	Front-Mu Acupoints
Lung Meridian of Hand-Taiyin	ZhongFu(LU1)
Large Intestine Meridian of Hand-Yangming	TianShu(ST25)
Stomach Meridian of Foot-Yangming	ZhongWan(CV12)
Spleen Meridian of Foot-Taiyin	ZhangMen(LR13)
Heart Meridian of Hand-Shaoyin	JuQue(CV14)
Small Intestine Meridian of Hand-Taiyang	GuanYuan(CV4)
Bladder Meridian of Foot-Taiyang	ZhongJi(CV3)
Kidney Meridian of Foot-Shaoyin	JingGu(BL64)
Triple-energizer Meridian of Hand-Shaoyang	ShiMen(CV5)
Gallbladder Meridian of Foot-Shaoyang	RiYue(GB24)
Liver Meridian of Foot-Jueyin	QiMen(LR14)

(4) Xi-(cleft) Acupoints

The Xi-(Cleft) Acupoints refer to these acupoints where the meridian-Qi is deeply stored and converged. Each of the twelve regular meridians and the four extra meridians (Yin Link Vessel, Yang Link Vessel, Yin Heel Vessel and Yang Heel Vessel) has a Xi-(Cleft) Acupoint distributing on the limbs, amounting to Sixteen Xi-(Cleft) Acupoints as a whole. Stimulating a Xi-(Cleft) acupoint can rapidly regulate the functional state of its pertaining meridian. In clinic practice, acupuncturist always selects Xi-(Cleft) acupoint for analgesia and rescuing, for there is prominent curative effect (See Table5).

Table5 Xi-(cleft) Acupoints

Meridians	Xi-(Cleft) Acupoint
Lung Meridian of Hand-Taiyin	KongZui(LU6)
Large Intestine Meridian of Hand-Yangming	WenLiu(LI7)
Stomach Meridian of Foot-Yangming	LiangQiu(ST34)
Spleen Meridian of Foot-Taiyin	DiJi(SP8)
Heart Meridian of Hand-Shaoyin	YinXi(HT6)
Small Intestine Meridian of Hand-Taiyang	YangLao(SI6)
Bladder Meridian of Foot-Taiyang	JinMen(BL63)
Kidney Meridian of Foot-Shaoyin	ShuiQuan(KI5)
Pericardium Meridian of Hand-Jueyin	XiMen(PC4)
Triple Energizer Meridian of Hand-Shaoyang	HuiZong(TE7)
Gallbladder Meridian of Foot-Shaoyang	WaiQiu(GB36)
Liver Meridian of Foot-Jueyin	ZhongDu(LR6)
Yin Link Vessel	ZhuBin(KI9)
Yang Link Vessel	YangJiao(GB35)
Yin Heel Vessel	JiaoXin(KI8)
Yang Heel Vessel	FuYang(BL59)

(5) Confluent Acupoints of Eight Extra Meridians

The Confluent Acupoints of Eight Extra Meridians refer to the eight acupoints where the Qi and blood of eight extra meridians communicate with the Qi and blood of the twelve regular meridians. All of them are distributed on the areas around the wrist joints and ankle joints. In addition, according to the theory of Eight Trigrams, each of them has its own attribute of Eight Trigrams. It's just the basis to work out the opening acupoint of Eight Method of Magic Turtle and Swift-flying Eight Method. Eight Method of Magic Turtle and Swift-flying Eight Method are two unique advanced acupuncture skills in the ancient period but now they are seldom used in clinic practice, for the requirement to the acupuncturist is much higher. The Confluent Acupoints of Eight Extra Meridians are all as below (See Table6).

Table6 Confluent Acupoints of Eight Extra Meridians

Relative Meridians	Confluent Acupoints of Eight Extra Meridians
Pericardium Meridian of Hand-Jueyin and Yin Link Vessel	NeiGuan(PC6)
Triple-energizer Meridian of Hand-Shaoyang and Yang Link Vessel	WaiGuan(TE15)
Gallbladder Meridian of Foot-Shaoyang and Belt Vessel	ZuLinQi(GB41)
Spleen Meridian of Foot-Taiyin and Thoroughfare Vessel	GongSun(SP4)
Lung Meridian of Hand-Taiyin and Conception Vessel	LieQue(LU7)
Small Intestine Meridian of Hand-Taiyang and Governor Vessel	HouXi(SI3)
Bladder Meridian of Foot-Taiyang and Yang Heel Vessel	ShenMai(BL62)
Kidney Meridian of Foot-Shaoyin and Yin Heel Vessel	ZhaoHai(KI6)

(6) Crossing Acupoints

The Crossing Acupoints refer to the positions at the intersections of two or more meridians, most of them are distributed on the head, face and trunk. A Crossing Acupoint has wider therapeutic range than a common acupoint. In SAM, acupuncturists always select one Crossing Acupoint to deal with several symptoms, for even stimulating one Crossing Acupoint can offer therapeutic effect to several meridians that cross at the acupoint at the same time.

(7) Eight Influential Acupoints

The Eight Influential Acupoints refer to the eight acupoints where the vital essence and Qi of Zang organ, Fu organ, Qi, blood, tendon, vessel, bone and marrow converge together, they are all distributed on the trunk and limbs. In SAM's clinic practice, Eight Influential Acupoints are often used mainly for treating some symptoms that widely involved many aspects or for treating some unusual cases. These Eight Influential Acupoints are all as below (See Table7).

Table7 Eight Influential Acupoints

The Relative Factors	Eight Influential Acupoints
Zang-organ	ZhangMen(LR13)
Fu-organ	ZhongWan(CV12)
Qi	ShanZhong(CV17)
Blood	GeShu(BL17)
Tendon	YangLingQuan(GB34)
Vessel	TaiYuan(LU9)
Bone	DaZhu(BL11)
Marrow	JueGu(GB39)

(8) Lower He-(Sea) Acupoints

The Lower He-(Sea) Acupoints refer to the six acupoints of the three Yang meridians of foot where the downward-flowing Qi of six Fu organs along the three Yang meridians of foot, and the three Yang meridians of hand meet together. They are all distributed around the knee joints and responsible for treating disorders of the six Fu organs. In addition, they are also used for treating the symptoms that involved the pertaining two Yang meridians. The Lower He-(Sea) Acupoints are all as below (See Table8)

Table8 Lower He-(Sea) Acupoints

Relative Meridians	Lower He-(Sea) Acupoints
Large Intestine Meridian	ShangJuXu (ST37)
Small Intestine Meridian	XiaJuXu (ST39)
Triple Energizer Meridian	WeiYang (BL39)
Stomach Meridian	ZuSanLi (ST36)
Gallbladder Meridian	YangLingQuan (GB34)
Bladder Meridian	WeiZhong (BL40)

(9) Yuan-(Primary) Acupoints

The Yuan-(Primary) Acupoints refer to these acupoints of the twelve regular meridians on the limbs where the Yuan-(Primary) Qi of Zang organs and Fu organs pass through and then is retained, namely “the Twelve Yuan-(Primary) Acupoints” as a whole. (Actually, the Yuan-(Primary) Acupoints of Yin meridians just overlap with the Shu-(Stream) Acupoints of the Five-Shu Acupoint.) The Yuan-(Primary) Acupoints play an important role in diagnosis and treatment of disorders of meridians and the Zang-Fu organs. These acupoints are all as below (See Table9).

Table9 Yuan-(Primary) Acupoints

Meridians	Yuan-(Primary) Acupoints
Lung Meridian of Hand-Taiyin	TaiYuan(LU9)
Large Intestine Meridian of Hand-Yangming	HeGu(LI4)
Stomach Meridian of Foot-Yangming	ChongYang(ST42)
Spleen Meridian of Foot-Taiyin	TaiBai(SP3)
Heart Meridian of Hand-Shaoyin	ShenMen(HT7)
Small Intestine Meridian of Hand-Taiyang	WanGu(SI4)
Bladder Meridian of Foot-Taiyang	JingGu(BL64)
Kidney Meridian of Foot-Shaoyin	TaiXi(KI3)
Pericardium Meridian of Hand-Jueyin	DaLing(PC7)
Triple Energizer Meridian of Hand-Shaoyang	YangChi(TE4)
Gallbladder Meridian of Foot-Shaoyang	QiuXu(GB40)
Liver Meridian of Foot-Jueyin	TaiChong(LR3)

(10) Back-Shu Acupoints

The Back-Shu Acupoints refer to these corresponding acupoints on the back where the Qi of the respective Zang-Fu organs is infused. The Back-Shu Acupoints are all located on Bladder Meridian of Foot-Taiyang bilateral to the spinal column on the back. Most of them are situated close to their respectively pertaining Zang-Fu organs. So the Back-Shu Acupoints present abnormal reactions, such as tenderness, to the dysfunction of their respectively pertaining Zang-Fu organs. They are very significant in diagnosis and treatment of the disorders of their respectively pertaining Zang-

Fu organs.

Besides, there are Mother-Acupoints, Son-Acupoints and so on. These acupoints are widely used in SAM's clinic practice because of their specific functions, so that adroit mastering the knowledge of these specific acupoints is very significant in mastering SAM entirely.

Chapter Three Manipulation Techniques of Single-acupoint Acupuncture and Moxibustion

The manipulation techniques of SAM mainly include acupuncture technique and moxibustion technique, secondarily, there are cupping therapy, acupoint-injection therapy, blood-letting therapy with three-edged needle, etc. Here, we will mainly discuss the acupuncture technique and moxibustion technique respectively.

1. Manipulation of Acupuncture of Single-acupoint Therapy

The whole process of acupuncture manipulation includes the preparative works, manipulation of acupuncture and management of some accidental matter. All the knowledge of the first (including how to select the proper needle, disinfection, the requisite psychotherapy and setting the patient in a comfortable posture, etc.) and the third can be learned from some common books about TAM, so that we will not have a particular discussion on this content anymore. Here, we will talk about the manipulation techniques of acupuncture in SAM as an emphasis, for it's just of importance in SAM's practice.

Basically, the manipulation techniques of acupuncture in SAM carry on the manipulation techniques of TAM. However, in SAM, the requirement of the techniques to the acupuncturist is higher and

stricter. In SAM's clinic practice, the manipulation techniques is one of the most important factors to affect the therapeutic effect, for it can most directly affect the therapeutic effect of SAM. Under many conditions, the type of syndrome-differentiation is right, the selected acupoint is also suitable, but there isn't therapeutic effect at all. Why? it's mostly caused by the improper manipulation techniques. For example, one of my former classmate, once treated his wife's toothache with acupuncture, he selected the most commonly-used acupoint——HeGu (LI4). But there was no report of any effect after he inserted a needle into the acupoint and retained the needle for about twenty minutes, his wife was still in the suffering. Then he came to me in haste and asked me for treating the illness. I checked his type of syndrome-differentiation and the selected acupoint with mine, I found they were all suitable for the illness. So I wondered why no effect appeared. Then I asked his wife how about the needling sensation, his wife told me that there was merely regional aching and heavy sensation. Therefore, I considered such useless result was certainly caused by his improper manipulation techniques, which offered the patient faint stimulating and then couldn't effectively activate the meridian-Qi at all, so that there was a failure of the treatment. Based on such consideration, I slightly lifted the needle a little and then slantways inserted the needle into the acupoint again with its tip upward, furthermore, manipulated the needle with reducing technique rapidly. Quickly, his wife felt that a lightning aching-distending sensation run upward along the forearm, and her toothache disappeared immediately. This instance distinctly revealed that: in clinic practice of acupuncture, if we could not grasp the correct manipulation techniques, all the theories of acupuncture that we had learned could be nearly debased

into an useless rubbish by the improper manipulation techniques!

In clinic practice, the manipulation of reinforcing techniques and reducing techniques actually carries out the therapeutic principle of replenishing the deficient healthy-Qi and eliminating the excess evils, it's the most radical method to achieve the goal. While in SAM, the requirement of manipulation techniques to the acupuncturist is even higher and stricter than the common one. For only one acupoint is selected in SAM, which concentrates acupuncturist's all the cognition of syndrome-differentiation and all the therapeutic intentions. So that we can say the selected acupoint is just the focus of the diagnosis and treatment in SAM. If the acupuncturist's manipulation is just in the appropriate measure, he can favourably carry out the established cognition of syndrome-differentiation and perfectly achieve his therapeutic intentions. If there is such or that defect in the acupuncturist's manipulation, accordingly the actual treatment would drift off the former cognition of syndrome-differentiation and then there would be a departure from the former therapeutic intentions in such or that way, sometimes it could be in diametrical opposition to the established therapeutic plan. So that we can say that the manipulation technique is one of the most important decisive factor that can directly lead SAM to be successful or frustrated in clinic practice.

Well then, how can we correctly grasp the manipulation techniques? According to authors' experience obtained from many years' study, we deeply feel that we should concentrate our efforts on these aspects to be discussed below so as to master the manipulation techniques quickly and effectively.

First, we should grasp the basal gist of some primary manipulation of reducing techniques and reinforcing techniques. For

example, to the reinforcing and reducing effect achieved by rapid and slow manipulation of needle, the gist of this action is that: slow insertion and rapid withdrawal is to achieve the intention of reducing, contrarily, rapid insertion and slow withdrawal is to achieve the intention of reinforcing; to the reinforcing and reducing effect achieved by means of respiration, the main point of this action is that: the reinforcing effect is achieved by inserting the needle in the patient's expiration and withdrawing the needle in the patient's inspiration; just in the opposite way, the reducing effect is obtained by inserting the needle in the patient's inspiration and withdrawing the needle in the patient's expiration; to the reinforcing and reducing effect achieved by lifting and thrusting the needle, the gist of this action is that: the reinforcing effect is achieved by thrusting the needle heavily and lifting the needle gently, the reducing effect is obtained by thrusting the needle gently and lifting the needle heavily; the reinforcing and reducing effect achieved by downstream and upstream insertion, the gist of this action is that: the reinforcing effect is achieved by inserting the needle along the meridian-Qi's flowing, the reducing effect is obtained by inserting the needle against the meridian-Qi's flowing, etc. After grasping the main points of those basal manipulations, we should repeatedly practise the manipulations techniques so as to use them in clinic practice skillfully, this is the basal precondition to correctly master the manipulation techniques of acupuncture. Moreover, it's just the foundation to study some advanced manipulation techniques such as heat-producing technique, cool-producing technique, Yang hiding in Yin and Yin hiding in Yang and so on.

Second, when performing the manipulation, we should keep our heart extremely calm and alert so as to be particularly good at

waiting the arrival of Qi and judge the state of Qi, we should sensitively feel out the tiny change of the needling sensation and correctly respond to it with proper manipulation. In concrete clinic practice, these persons who are all different in their ages, sexes, constitutions and so on have different feelings and reactions to a same manipulation, therefore, the corresponding needling sensations are also different, it requires the acupuncturist should not only be keenly aware of the tiny changes of the needling sensation, but also be capable of accurately judging the concrete state of Qi such as Qi-arrival or Qi-delay, sthenia of Qi or asthenia of Qi. Furthermore, based on the former cognition of syndrome-differentiation and the established therapeutic plan, correspondingly, the acupuncturist should respond them with proper manipulation. For instance, the delay of Qi due to Qi-asthenia should be managed by patient waiting, or some Qi-arrival inducing techniques or some reinforcing techniques; the rapid arrival of Qi due to sthenia of evil-Qi should be managed by some reducing techniques or some dissipating techniques in order to get rid of the accumulated evils. This process of feeling and judging the Qi is the most important tache in concrete acupuncture practice, actually, all the great acupuncturists of the past laid stress on it. Mr. Dou Hanqing, one of the most famous acupuncturist during the Jin and Yuan Dynasties, in his famous article of *A Poetic on the elucidation of Acupuncture*, wrote that: "The feeling of lightness, slipperiness and looseness means the delay of Qi, while the feeling of heaviness, unsmoothness and intensity means the arrival of Qi. " "The feeling of the Qi-arrival is floating and sinking as if a fish biting the bait, the feeling of the Qi-delay is deep and lonely just like staying in a vacant hall. " All the above descriptions clearly reflect the senior acupuncturist 's

cognition and judgement on the needling sensation.

Carefully cognizing the meridian-Qi's response to acupuncture, furthermore, being capable of accurately judging the tiny change of the meridian-Qi, all of the above require the acupuncturist should be particularly calm-hearted in the process of manipulation, he (or she) should keep his (or her) heart extremely cautious and alert, just like what a Chinese idiom said: as if standing upon the edge of an abyss and as if walking on the thin ice. In the first chapter of *Miraculous pivot*, it points out that: "There are principles for acupuncturist to perform manipulations, it's most important for him to hold the needle firmly. When puncturing the acupoint, the acupuncturist should have the needle aiming at the selected acupoint directly and puncture the acupoint upright, by such way, his acupuncture would not miss the aimed acupoint. The acupuncturist should concentrate all the attention on the patient and be sensitive to the minutest change of the needling sensation, keeping away from the nearby blood vessels, such acupuncture is really safe and successful." In the article of *A Poetic on the elucidation of Acupuncture*, Dr. Dou Hanqing wrote that: "When manipulating the needle, the acupuncturist should be blind to everything going on around so as to concentrate all the attention on the needle, as if grasping a tiger; he should be cautious and alert in cognizing the Qi's response without any distracting thoughts, just like entertaining a distinguished guest." All the above descriptions written by the past sages all exhorted us to concentrate our attention on the manipulation wholeheartedly and exclusively when performing acupuncture so as to obtain prominent therapeutic effect. It's the biggest taboo that the acupuncturist is impulsive-hearted and wanting in care when performing acupuncture. Someone even

performs acupuncture while he (or she) is talking volubly, such acupuncture is just like a fool talking about a dream, it's little useful certainly.

In addition, when performing acupuncture, the acupuncturist should pay attention to using some auxiliary manipulation techniques such as pressing, knocking, plucking, scraping, vibrating, shaking, pouting, flying and so on. These auxiliary manipulations are all quite important, if they are applied properly and correctly, they could effectively stimulate the meridian-Qi and induce the needling-sensation's radiating so as to reinforcing the needling sensation and further improve the therapeutic effect. In SAM's clinic practice, the acupuncturists often employ them in order to strengthen the needling sensation and improve the therapeutic effect.

On the basis of mastering the basal manipulation techniques, we should further study some advanced manipulation techniques such as heat-producing technique, cool-producing technique, the technique of Yin hiding in Yang and the technique of Yang hiding in Yin, etc. We should cannily grasp the main points of the actions, the therapeutic intentions, especially their indications and contraindications. For example, the heat-producing technique, its main point of action is heavily thrusting and gently lifting the needle from the superficial portion to the deep portion and thrusting thrice and lifting once; its therapeutic intention is to produce heat sensation in the punctured site; its indication is deficiency-cold syndrome and its contraindication is excess-heat syndrome. The cool-producing technique, its main point of action is heavily lifting and gently thrusting the needle from the deep portion to the superficial portion and thrusting once and lifting thrice; its therapeutic intention is to produce cool sensation in the punctured

site; its indication is excess-heat syndrome and its contraindication is deficiency-cold syndrome. The technique of Yang hiding in Yin, its main point of action is deep puncturing followed by superficial puncturing, reducing manipulations followed by reinforcing manipulations, its therapeutic intention is that the reinforcing effect precisely resides in the reducing effect, its indication is sthenic syndrome combining with asthenic constitution. The technique of Yin hiding in Yang, its main point of action is superficial puncturing followed by deep puncturing, reinforcing manipulations followed by reducing manipulations, its therapeutic intention is that the reducing effect precisely resides in the reinforcing effect, its indication is asthenic syndrome combining with sthenic constitution, etc. These advanced manipulation techniques mostly blend several kinds of basal manipulation techniques together, usually the needling sensation is further stronger and the therapeutic effect is more prominent, just like some sharp-tempered and powerful-effected chinese herbs. So that authors consider that using these techniques should be very cautious according to the concrete state of the patient, all these manipulations should be stopped at the proper moment when they are applied. Especially their contraindication must be noticed, the acupuncturist should be sure not to act rashly.

Anyway, correct mastering the manipulation techniques is one of the most significant task of studying acupuncture. Correct mastering the manipulation techniques and skillful using them will strongly ensure the acupuncturist a successful clinic practice.

2. Manipulation of Moxibustion of Single-acupoint Therapy

Basically, the manipulation techniques of moxibustion in SAM carry on the manipulation techniques of moxibustion in TAM. Generally speaking, moxibustion is mostly applied to these deficient syndrome,

cold syndrome and interior syndrome, so as to invigorate Qi and nourish blood, warm the interior and expel the cold-evil, warm and dredge the obstructed meridians and so on. Nevertheless, under some particular conditions, moxibustion can be also applied to these sthenic syndrome, heat syndrome and superficial syndrome. For instance, the hordeolum, which is usually caused by wind-heat evils and pertains to the category of “TaiYang superficies-syndrome”, can be also treated by moxibustion upon HouXi (SI3) or ShaoZe (SI1) or ZhiYin (BL67), for such moxibustion treatment can effectively expel the wind-heat evil from TaiYang meridian; angioneurotic headache, which is caused by sthenic heat-evil of liver and gallbladder, likewise, can be treated by moxibustion upon ZuLinQi (GB41), etc. As for how to concretely use it, it’s completely based on the concrete syndrome-differentiation of the cases. In clinic practice of acupuncture, the acupuncturist should cleverly use moxibustion according to the different characters of the different illnesses and the concrete gists of syndrome-differentiation, not only he (or she) should skillfully master the traditional knowledge of moxibustion, but also he (or she) shouldn’t stick to the old track, for it’s just the manifestation of being constrained by the traditional experiences. What an excellent acupuncturist should do is to be bold in making innovations in order to deepen his (or her) comprehension on the TCM theory and widen his (or her) clinical vision. In the second part of this book, there are some such case records including acute conjunctivitis, chronic allergic rhinitis, chronic pharyngitis, injury of ear and so on, they were all treated by moxibustion successfully, our readers should notice the unique treatment so as to deepen your comprehension on acupuncture and moxibustion.

There are many kinds of moxibustion, mainly including direct moxibustion, indirect moxibustion and moxibustion with warming needle. Among them, the direct moxibustion can be divided into the scarring moxibustion and the nonscarring moxibustion. Currently, acupuncturists often employ the nonscarring moxibustion, for it's safer and more non-traumatic than the other one. The authors are also fond of using the nonscarring moxibustion in our own clinic practice. The indirect moxibustion can be divided into the ginger-partitioned moxibustion, garlic-partitioned moxibustion, salt-partitioned moxibustion, herb-cake moxibustion and so on, among them, the ginger-partitioned moxibustion is often applied to the asthenic syndrome and the cold syndrome in order to warm the interior and expel the cold evil; the garlic-partitioned moxibustion is often applied to these furuncles caused by wind-heat evil for detoxification, analgesia and detumescence. As for the herb-cake moxibustion, the acupuncturists should select different herbs for making out the concrete herb-cake which should be suitable for the different illnesses, usually, the effect of herb-cake moxibustion concentrates the twofold effect of herbs and moxibustion, so it's just in more prominent therapeutic effect, that is why it is always employed by acupuncturists in SAM's clinic practice. But it requires the acupuncturist should not only skillfully master the manipulation techniques of acupuncture and moxibustion, but also have deep comprehension on the mechanism of chinese herbs, only on such basis, could the acupuncturist use this technique correctly and freely. Besides, the moxibustion with warming needle is widely used too in SAM's clinic practice, this method combines acupuncture with moxibustion together, it is extremely effective to these syndrome caused by accumulation of dampness-cold evils, this is why it's used

widely in clinic practice.

Generally speaking, the manipulation of moxibustion is more cockamamie, moreover, it always produces too much smoke, so that most of acupuncturists or patients are not fond of using it. But to be honest, moxibustion really takes indispensable effect for treating some diseases. Authors consider that we should not ignore its prominent therapeutic effect only because its unimportant shortcoming, we should lay stress on its unparalleled therapeutic effect and correctly use it in the clinic practice of acupuncture and moxibustion. What we must avoid is to give up eating only for fear of choking.

3. Application of Other Specific Methods in Single-acupoint Therapy

These specific methods mainly include blood-letting with three-edged needle, cupping therapy, intradermal embedding of needle and so on. Comparatively speaking, these methods are seldom employed in SAM's clinic practice, most of them are always combined with other method together when being used. We should adroitly master their indications and contraindications so as to be capable of using them correctly in proper situation, for sometimes there will be good therapeutic effect above our expectation. For instance, hordeolum, it can be quickly removed by blood-letting method with three-edged needle combining with garlic-partitioned moxibustion at the acupoint of ShaoZe (SI1) or ZhiYin (BL67), while it's more significant to treat the chronic gastritis by intradermal embedding of needle in the acupoint of PiShu (BL20) or ZhongWan (CV12) combining with herb-cake moxibustion. As for cupping therapy, it's more common that it's employed combining with other method. All these instances mentioned above indicate

that; through adroitly mastering several kinds of manipulation technique, acupuncturist is capable of getting successful inspiration everywhere in his (or her) clinic practice with great facility. It's also significant for us to use SAM cleverly and correctly in our clinic practice.

Chapter Four Some Relative Topics of Single-acupoint Acupuncture and Moxibustion

As an advanced acupuncture technique, the requirement of SAM to the acupuncturist is even higher and stricter. The acupuncturist should not only master the professional knowledge mentioned above, but also pay attention to these requisites that will be mentioned below.

First, excellent acupuncturists should attach importance to improving their own diatheses and cultivating their own virtues, they should be in possession of strong body and extremely calm and composed mental state. None of the great acupuncturists and TCM doctors of the past didn't lay stress on this. For example, Dr. Hua Tuo (a famous TCM doctor in Han dynasty) mastered the five-animal exercises; Mr. Li Shizhen (a great pharmacologist of Chinese herbs in Ming dynasty) mastered the meridian-Qi's guiding exercises; Mr. Gao Wu and Mr. Xue Xue (they are all great TCM doctors in Ming and Qing dynasties) all mastered marshal arts; Mr. Yang Jizhou and Mr. Xu Feng, (they are all great acupuncturists in Ming dynasty) all mastered the techniques of cultivating life and nourishing Qi. All of these sages, they first benefited themselves and cultivated their own life with their medical knowledge, secondarily, they benefited the others and cured many sicknesses to save the

patients. If a doctor couldn't benefit himself with his own medical knowledge, how could he benefit the others on earth? One who can't save himself can't save the others either! Such "medical technique" mostly pertains to the category of "method of cheating oneself and others", at the most, it's a method of making a living. Virtually, it is really far away to the true essence of TCM. A true doctor should practise his medical knowledge from himself to others, he should start his medical career from himself. Only by this way, could his medical technique be the really holy technique that can really benefit himself and others, cure sicknesses and save the patients. Also by this way, could a doctor really attain the acme of perfection in medical art. All the TCM's sages of the past, none of them didn't follow this way

With strong body and extremely calm and composed mental state, could the acupuncturist accurately measure Qi and blood are plenitudinous or deficient, distinctly understand the evils are in deep or in superficial, so as to freely grasp the trends of sickness and then work out the correct judgement and therapeutic plan in clinic practice. It is more particularly important for the acupuncturists to keep such good state. In our many years' clinic practice, we deeply feel that: keeping such composed and calm mental state, it's just the most important qualification for the acupuncturists to obtain the good therapeutic effect of acupuncture. Because only in such state, could the acupuncturist keep his heart quite alert when performing the manipulations so as to judge the tiny changes of the needling sensation keenly and correctly, and the meridian-Qi could be effectively activated to quickly reach the affected region by such manipulations. However, if the acupuncturist is impetuous-hearted and lax-minded, it's nearly impossible for him to achieve good

effect.

Second, except being capable of scrutinizing the sicknesses, moreover, a doctor should be good at scrutinizing the persons. In our clinic practice, who we meet are varied in their virtues and diatheses, including the honest, the fraudulent, the kind, the vicious, the rich, the poor, the worthy, and the humble, etc. Realistically, all of these persons can meet us in our clinic practice, it requires that we should offer them different treatments according to their own personal conditions and their different sickness. That just means that: a doctor should not only be good at “treatment based on syndrome-differentiation”, but also he should be good at “treatment based on person-differentiation”. In TCM, the TCM doctors particularly stress the “treatment of spirit”, which requires the doctor must scrutinize the patient’s spirit and mental state before treating the sickness of body. Through carefully understanding these things combining with the concrete symptoms, the doctor is capable of working out a proper therapeutic plan that is really suitable for the holistic conditions of the patient. Essentially, such treatment offers the patient the duple treatment, including the psychotherapy and the somatotherapy, it maximizes the therapeutic effect in fact.

But the starting point of the “treatment based on person-differentiation” must be loyal to the patient’s benefit in the maximum degree. This goal should be achieved by various methods. For instance, the cowhearted should be encouraged, the slow-witted should be enlightened, the irresolute should be strengthened. As for these suffered from sickness due to their evil-doing, they should be strictly admonished at first in order to make them realize their error, secondarily, treating their sickness. In the whole process of the treatment, the doctor must be in great mercy for

serving the patient no matter what he did. Just like a wise teacher, whatever he dose, the final goal is to cultivate his student. As an employable doctor, don't give in to the patient too much, don't fawn on the patient too much, for these improper actions always disturb the correct clinic decision. In clinic practice, a doctor must be a doctor, his statements and actions should be of service to the patients. Although the faithful admonitions are unpleasant to hear and the good medicine tastes bitter, we should perform our responsibility. These who always give in to the patient and fawn on the patient in spite of the therapeutic effect, are all hypocrites in fact, all of their statements and actions are the just manifestation of pretended mercy! .

Of course, all the treatment that we offered to the patients, including the psychotherapy and the somatotherapy, should be in the proper measures according to the concrete conditions of the patients, furthermore, they should be explained clearly to the patients so as to obtain the patients' understanding as possible. Otherwise, if it can not be done properly, sometimes it will produce the contrary effect.

Additionally, that need be pointed out is: these sensations caused by acupuncture, including soreness, numbness, heaviness and distension, all of them pertain to the normal needling sensation, which is the basis of acupuncture to produce the therapeutic effects. While in clinic practice of acupuncture, there are some patients, who don't understand it. So that it's necessary for acupuncturists to clearly explain it to them. Especially in SAM, the needling sensation is stronger than the common one, therefore, it's more important for us to communicate with the patients in SAM's clinic practice.

Chapter Five The Indications and contraindications of Single-Acupoint Acupuncture and Moxibustion

Just as TAM, SAM has some indications and contraindications too. In clinic practice, it's very necessary for us to know about these indications and contraindications. For it can help us select the proper therapeutic method and avoid making mistakes.

Generally speaking, the indications of SAM basically overlap with the indications of TAM, most of the diseases that can be treated by TAM can be also treated by SAM. These diseases can be divided into: ① Some diseases of emergency such as coma, convulsion, etc. ② Some acute painful diseases such as lumbar sprain, stenocardia, acute pain caused by nephrolithiasis or cholecystitis, etc. ③ Some chronic diseases of inflammation: such as chronic gastritis and enteritis, chronic rhinitis, chronic pharyngitis, etc. ④ Some chronic osteoarthropathy such as chronic rheumatic arthritis, chronic lumbar muscle strain, cervical spondylosis and so on. ⑤ Some viral diseases such as epidemic influenza, viral dysentery, epidemic conjunctivitis, herpes zoster and so on. Besides, SAM is particularly effective against some allergic diseases and the diseases of dysfunction. Currently, the range of indications of acupuncture and moxibustion has been being enlarged continuously, some diseases such as infective diseases and the severe organic diseases (for example: the cancer) that was regarded as the contraindications of acupuncture and moxibustion in the past, now they can be also treated by acupuncture and moxibustion. For acupuncture and moxibustion can effectively relieve the suffering and prevent them from being aggravated, both TAM and SAM can successfully perform the

auxiliary actions. Therefore, the indications of TAM and SAM still remain to be probed and found by all the acupuncturists.

In clinic practice of acupuncture and moxibustion, we should also notice the contraindications of acupuncture and moxibustion. Especially under some special conditions, we should be more cautious in order to avoid breaking these contraindications. In the fifty-fifths chapter of *Miraculous pivot*, it points out that: "Don't puncture these patients being in high fever; don't puncture these patients being in excessive sweating; don't puncture these patients with disordered pulse; don't puncture these patients whose pulse is just contrary to the sickness. "; in the sixty-first chapter of *Miraculous pivot*, it points out that: "Five kinds of being in extreme deficiency refer to these states: the first is the muscles of body is extremely withered, the second is the state just after massive hemorrhage, the third is the state just after excessive sweating, the fourth is the state just after severe diarrhea, the fifth is the state just after delivery and bleeding too much. All these states of sickness can not be treated by reducing manipulations. " All the sentences mentioned above urged us to be particularly cautious under some special conditions. In addition, there are twenty-four acupoints where acupuncture is forbidden and some acupoints that can't be punctured deeply in the medical books of the past, but substantially, it's that the scholars of the past required the acupuncturist should be particularly cautious when puncturing these acupoints that near some conducting arteries, large veins, some major joints and some cardinal organs such as heart, lung, spleen, liver, kidney, brain and spinal cord. When puncturing these acupoints, the acupuncturist should ensure his manipulations must be in proper measures. As for women, who are in their menstrual

period or in pregnancy, their acupoints of HeGu (LI4) , SanYinJiao (SP6) , ShiMen (CV5) and these acupoints in the lumbosacral portion and low abdomen should be forbidden to be punctured. Finally, there are twelve contraindications of acupuncture in the ninth chapter of *Miraculous pivot*: “don’t puncture the person who had sex intercourse just now, don’t have sex intercourse after being punctured just now; don’t puncture the person who is tipsy, don’t be tipsy after being punctured just now; don’t puncture the person who is angry, don’t be angry after being punctured just now; don’t puncture the person who is tired, don’t be tired after being punctured just now; don’t puncture the person who ate enough, don’t eat enough after being punctured just now; don’t puncture the person who is hungry, don’t be hungry after being punctured; don’t puncture the person who is thirsty, don’t be thirsty after being punctured; the person who is frighten greatly should be calmed for a while and then can be punctured; the person who came here by a carriage should be rested for a just while of having a meal and then can be punctured; the person who walked here should sit resting for some times of having ten-li long walking and then can be punctured.” What the twelve contraindications said mostly refer to the patient’s personal living, in certain degree, it’s reasonable. So that they should be noticed in our clinic practice, otherwise, some suddenness such as fainting and so on could be caused.

Case Records of Single-Acupoint Acupuncture and Moxibustion

Chapter One Internal Diseases

1. Infection of Upper Respiratory Tract

Case 1

Patient: Pu, male, age 35 years, worker.

Chief Complaint: Dizziness and aching pain of whole body for 3 days.

History of Present Illness: Three days ago, when the patient was in his travel by train, he suffered from dizziness, rhinorrhea and aching pain of whole body due to catching a cold. Then he himself took the pills named as “GanMaoTong” and some other common antibiotics, but the above symptoms weren't relieved yet. So he came to this hospital for treatment on September 1, 1993. After the illness came on, there weren't fever and cough. His appetite, sleeping, urination and bowel motions were all in normal all along.

Physical Examination: The patient appeared lucid with a pale and lusterless complexion. Light red tongue with a thin layer of whitish fur. Floating and tense pulse. Both tonsils swelling II°. No prominent congestion in pharyngeal wall. Both lungs all clear to auscultation. Some scattered rhonchi were heard occasionally. No

other abnormality present.

Diagnosis: Infection of Upper Respiratory Tract.

Differentiation: This disease, in TCM, pertains to the category of “GanMao” (common cold). It’s superficial syndrome of wind-cold type, which was caused by the attack of wind-cold evil from the exterior. The wind-cold evil inhibited the superficial defensive Qi and caused the inhibited defensive Qi could not flow smoothly as normal, therefore, there was muscular aching pain of whole body; additionally, as its characteristic, the wind-evil has a tendency to attack upward and then the head and face are all involved usually, then the dizziness was caused.

Therapeutic Principle: Invigorating Yang-Qi and expelling the superficial evil.

Acupuncture Treatment: GV14, DaZhui was selected for acupuncture and ginger-partitioned moxibustion. At first, a 1.0 cun needle was vertically inserted into the acupoint, and then, manipulated with twirling and rotating technique in order to produce needling sensation, more significantly, which was induced to spread upward to the neck and head, at same time, downward to the back. Afterward, the needle was retained in the acupoint for 20 minutes in total. On withdrawal, it was gently rotated around and then pulled out rapidly, immediately, the inserted hole was firmly pressed with a cotton ball. As the next step, ginger-partitioned moxibustion was performed on the acupoint at once, 9 units of moxa cones were burnt out totally.

Effect Observation: Under once treatment, the dizziness and aching-pain of whole body were relieved greatly. Finally the illness was cured completely after twice treatment. Then it’s end.

Case 2

Patient: Wang, male, age 30 years, worker.

Chief Complaint: Headache, stuff nose and uneven breath for 1 week.

History of Present Illness: One week ago, the patient suffered from fever, dizziness, headache and sore throat without any protrudent causes. Through physical examination in a local hospital, it was diagnosed as "Common Cold". He was treated by intravenous dripping "Benzylpenicillin, Amikacini and Ribarizin" and intramuscular injecting febricide. After 3 days' treatment, dizziness and fever quickly disappeared, but the headache and stuff nose were remained as before, it seemed that his nose was obstructed by some cotton and caused he could not breathe smoothly. So that he had to have mouth breath. More troublesomely, he was seized with a constricting-pain in his forehead, which annoyed him constantly and made he couldn't stand or sit at ease. Then he had to come to this hospital for treatment on October 2, 1993. After the illness came on, his appetite, sleeping, urination and bowel motions were all in normal. No other complaint.

Physical Examination: The patient appeared lucid with a pale and lusterless complexion. Light red tongue with a thin layer of white fur. Tense and uneven pulse. Slight congestion in the pharyngeal wall. Both tonsils swelling I°. Both lungs clear to auscultation. No rhonchi or moist rales could be heard. No other abnormal sign present.

Diagnosis: Infection of upper respiratory tract.

Differentiation: This disease, in TCM, pertains to the category of "GanMao" (common cold). It's superficial syndrome of wind-

heat type, which was caused by the attack of wind-heat evil from the exterior. Previously, it was treated by intravenous dripping some antibiotics, which rapidly defeated the heat-evil while the wind-evil wasn't expelled timely. Because the wind-evil has a tendency to attack upward, it always attacks the head and face directly. In this case, the constricting-pain in forehead and stuff nose indicated the wind-evil had attacked the Yangming meridian upward and caused the Yangming meridian-Qi was obstructed regionally.

Therapeutic Principle: Expelling wind-evil and releasing superficial syndrome, dredging the obstructed Yangming meridian-Qi.

Acupuncture Treatment: LI4, HeGu was selected for acupuncture. A 1.5 cun needle was inserted into the acupoint. After needling sensation was induced, the needle was manipulated with mild reinforcing and reducing technique, and then the needling sensation was induced to spread upward through the wrist. Finally, the needle was retained in the acupoint for 30 minutes totally, during the process of retaining, it was regularly manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was gently shaken around and then pulled out slowly so as to enlarge the hole.

Effect Observation: After once treatment, the headache disappeared immediately, the stuff nose was relieved greatly, he could breathe as normal at once. Under twice treatment, the illness was cured completely. Then it's end.

Case 3

Patient: Zhao, female, age 19 years, college-student.

Chief Complaint: Dizziness and headache for 1 week.

History of Present Illness: One week ago, the patient suffered from dizziness, headache, rhinorrhea and sore throat because of having a cold. Through physical examination in the local hospital, it was diagnosed as "Common Cold". She was treated by oral taking some common antibiotic drugs and some common drugs for treating cold. After 6 days' treatment, rhinorrhea and sore throat disappeared, but dizziness and headache remained unchanged. Especially a continuous distend-pain in both sides of head annoyed her continuously, which prevented her from studying as normal, then she had to come to this hospital for treatment on May 6, 1995. After the illness came on, her appetite, sleeping, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Light red tongue with a thin layer of white fur. Tense and floating pulse. The pharyngeal wall was not prominently congestive. Both tonsils swelling I°. Both lungs clear to auscultation. No rhonchi or moist rales. No other abnormal sign.

Diagnosis: Infection of upper respiratory tract.

Differentiation: This disease, in TCM, pertains to the category of "GanMao" (common cold). It was caused by the attack of wind-cold evil from the exterior, which attacked the Shaoyang meridian and obstructed the meridian passage, therefore, the Shaoyang meridian-Qi could not flow smoothly as normal, it resulted in the distend-pain located in both sides of head. Such headache, in TCM, also pertains to the category of "Shaoyang Headache".

Therapeutic Principle: Dredging the obstructed Shaoyang meridian-Qi, expelling wind-cold evil and releasing the superficial syndrome.

Acupuncture Treatment: TE2, YeMen of one side was

selected for acupuncture. A 1.5 cun needle was inserted into the selected acupoint, the depth of insertion was about 0.6 ~ 0.7 cun. After needling sensation appeared, the needle was manipulated with mild reinforcing and reducing technique, and then the needling sensation was induced to spread upward along the gap between the third and the little finger, furthermore through the back of the hand and to the lateral forearm. Finally, the needle was retained in the acupoint for 30 minutes totally and manipulated with mild reinforcing and reducing technique once every 10 minutes. On withdrawal, it was shaken around and pulled out slowly in order to enlarge the hole.

Effect Observation: Under once treatment, the headache and dizziness disappeared immediately. After 3 days' follow-up, the patient was in good health all along. Then it's end.

2. Obstinate Cough

Case 1

Patient: He, female, age 26 years, teacher.

Chief Complaint: Persistent cough for 1 month.

History of Present Illness: One month ago, the patient had a common cold, then she suffered from cough, expectoration, rhinorrhea, fever and headache. After anti-inflammatory and expectant treatment in the local hospital, fever, headache and rhinorrhea disappeared soon, while cough and expectoration couldn't be relieved yet. From then on, she had been intermittently treated by taking various antibiotics and syrup for relieving cough, but they were not effective against the syndrome either. She still coughed paroxysmally, when it occurred severely, her breath became uneven so that it severely prevented her from teaching and resting. Then she

came to me for treatment on May 13, 1995. After the illness came on, her appetite, sleeping, urination and bowel motions were all normal. There wasn't other complaint.

Physical Examination: The patient was lucid and in a normal general status. Light red tongue with a thin layer of white fur. Thready and soggy pulse. The pharyngeal wall was not obviously congestive. Both tonsils swelling I°. Harsh breathing sounds and some scattered big moist rales positive in both lungs. No other abnormal sign.

Diagnosis: Bronchitis.

Differentiation: This disease, in TCM, pertains to the category of "WanKe" (obstinate cough). Previously, it was caused by exogenous wind-heat evil, which invaded the lungs and disturbed the functional activities of pulmonary Qi, then the patient experienced cough and expectoration; additionally, the permanent cough would not only disturb the functional activities of pulmonary Qi, but also the kidney was also involved, for permanent cough could aggravate consumption of renal Qi and caused a failure of the kidney to govern reception of air, which would cause the initial Qi to be divorced from its foundation. So the illness became more intractable.

Therapeutic Principle: Treating the asthenic syndrome through replenishing its mother-organ; reinforcing the deficient renal Qi in order to normalize its function of governing reception of air, by this way, cough could be stopped.

Acupuncture Treatment: KI7, FuLiu of one side was selected for treatment. According to NaZi method of Midnight-noon ebb-flow and then following its principle of reinforcing the deficient healthy Qi in the insufficient case, Xu o'clock (about 19:00 o'clock ~ 21:00 o'clock) was chosen as the therapeutic period, for when the Qi and

blood flowed through the Kidney Meridian of Foot-Shaoyin just now, the Qi and blood of the Kidney Meridian is most insufficient at Xu o'clock, so that it's the most suitable time to reinforce the deficient Qi and blood of the Kidney Meridian in maximum degree. A 1.5 cun needle, with its tip upward, was inserted into the selected acupoint, twirling the needle lightly till the needling sensation appeared. The needle was then retained in the acupoint for 30 minutes totally and manipulated with reinforcing technique once every 10 minutes. On withdrawal of the needle, it was pulled out quickly and immediately pressed the needling hole firmly. Subsequently, direct moxibustion was immediately applied on the punctured hole, 10 moxa-cones was used in total.

Effect Observation: After once acupuncture, the patient felt there was itching sensation in the throat and fullness sensation in the chest, subsequently, she began to cough severely, and then expectorated out a lot of whitish and sticky sputa. After expectoration, she felt comfortable very much and her cough was stopped. After 3 times' treatment, her cough and expectoration all disappeared completely. After half a year's follow-up, the illness didn't relapse, then it's end.

Case 2

Patient: Wu, female, age 52 years, retired teacher.

Chief Complaint: Intermittent cough and expectoration for 12 years, recurrence and aggravation for 1 month.

History of Present Illness: Twelve years ago, the patient suffered from cough and expectoration without any obvious causes. Previously, it occurred intermittently and had a tendency to occur in the winter and spring, sometimes it was aggravated by

overstrain or having a cold, the expectorated sputum was white-coloured and sticky-textured. Later on, its recurrence became more frequent and irregular, the expectorated sputa became profuse, whitish and frothy. Then she went to the local hospital for treatment. After many times' examinations of chest roentgenogram and sputum culture, the illness was confirmed as "Chronic Bronchitis". In the past 12 years, she was usually treated by taking various antibiotics, antitussives and expectorants, the symptoms became sometimes mild and sometimes severe. One month ago, the above symptoms were aggravated by weather changing, she expectorated out profuse whitish frothy sputa all day and night. Then she was given the similar treatment in the local hospital for one month, while the symptoms couldn't be abated yet. Furthermore, there appeared chest oppression, shortness of breath, excessive sweating and so on, in addition, her bad cough prevented her from sleeping as normal throughout night. Then she came to me for treatment on June 3, 2002. After the illness came on, her appetite got poor, her sleeping was disturbed severely. Only urination and bowel motions were all normal. There wasn't other complaint.

Physical Examination: The patient was lucid and in a normal general condition. Pale tongue with a greasy layer of watery fur. Thready, soggy and smooth pulse. No obvious congestion in the pharyngeal wall. Both tonsils swelling I°. Harsh breathing sounds, extensive big and medium moist rales in both lungs. Heart and abdomen were all negative. No other abnormal sign.

Diagnosis: Chronic Bronchitis.

Differentiation: This disease, in TCM, pertains to the category of "WanKe" (obstinate cough). It was caused by asthenia of the spleen. The asthenic splenic Qi couldn't transport the physiologic

dampness and phlegm normally, then the dampness and phlegm were accumulated together in the lungs and then prevented the lungs from conducting dispersing, purifying and descending function as normal. So that the initial Qi couldn't flow smoothly and normally. Correspondingly, the patient experienced the cough and expectoration for many years. Essentially, in this case, the asthenia of spleen was the primary and the obstruction of dampness and phlegm in the lungs was the secondary, it's just the syndrome of asthenia in the primary and sthenia in the secondary.

Therapeutic Principle: Invigorating the spleen and nourishing Qi; regulating the functional activities of the initial Qi, eliminating the dampness and phlegm evil.

Moxibustion Treatment: SP21, DaBao was selected for herb-cake moxibustion. The prescription of the herb-cake was as below:

HuoXiang, Agastache 10g

PeiLan, Eupatorium 10g

BingPian, Borneol 5g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some water and flour to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes totally, having such herb-cake moxibustion once a day. In addition, she was told to take "Aucklandia and Villous Amomum Pills for Nourishing Stomach" in order to reinforce warming the middle energizer and eliminating the cold evil.

Effect Observation: After once moxibustion, cough and expectoration were relieved greatly. Chest oppression disappeared, therefore, the patient could sleep normally throughout night. After 6 times' moxibustion, cough and expectoration also disappeared

completely, her appetite got better too. After 7 months' follow-up, the patient was in good health all along, the illness didn't relapse, then it's end.

Case 3

Patient: Xu, female, age 79 years, retired worker.

Chief Complaint: Repeated cough and expectoration for 22 days.

History of Present Illness: Twenty-two days ago, the patient suffered from cough and expectoration due to catching a cold. She coughed paroxysmally, more troublesomely, accompanied with profuse whitish sticky sputa, but she was not involved in chest oppression, shortness of breath, sore throat, fever and so on. Then she went to the local hospital for treatment. Through some relative examinations, it's diagnosed as "Bronchitis", she was treated by intravenous dripping some antibiotics and oral taking pectoral syrup as well as some Chinese herbs for reducing phlegm, regulating Qi and invigorating the spleen. After 20 days' treatment, her cough and expectoration couldn't be relieved yet. The patient paroxysmally coughed all day and night without an intermission. Sometimes severe cough would cause chest oppression and shortness of breath. Characteristically, it had a tendency to occur at afternoon and night, so that her sleeping was severely disturbed. Sometimes, the severe cough involved her chest and both hypochondria being in suffering too. Then she came to me for treatment on August 4, 2002 through somebody. After the illness came on, her appetite, urination and defecation were all normal, only sleeping was disturbed. No other complaint.

Physical Examination: The patient was conscious and in a

normal general status. Dark red tongue with a thin layer of white fur. Soggy and deep pulse. No obvious congestion in pharyngeal wall. Both tonsils swelling I°. Harsh breathing sounds positive, some scattered big and medium moist rales could be clearly heard in both lungs. Heart and abdomen all negative. No other abnormal sign.

Diagnosis: Bronchitis.

Differentiation: This disease, in TCM, pertains to the category of “WanKe” (obstinate cough). Concretely speaking, it's just “ShenKe” (cough due to deficiency of renal Qi). In this case, the patient had been in old age, both her Qi and blood were all deficient. Although this sickness was previously caused by exogenous wind-heat evil, while essentially its protracted course was resulted from her deficient healthy Qi, for which was too deficient to effectively resist the invasion of the exogenous evils. Therefore, in this case, the key point of syndrome-differentiation is deficiency of healthy Qi, not excess of the exogenous evils. More concretely speaking, it was just caused by the deficient renal Qi, for which is the most protrudent characteristic for an old woman. The deficient renal Qi couldn't consolidate and govern the initial Qi in the chest, it's just the reason why her cough persisted for a long time. At the beginning of the treatment, intravenous dripping antibiotics was the manifestation of emphasizing the exogenous evils while ignoring the endogenous pathogenesis-deficiency of the renal Qi; as for oral taking some phlegm-reducing, Qi-regulating and spleen-invigorating herbs, it's just the manifestation of improper syndrome-differentiation, as if shooting an arrow at a nonexistent target. So that the illness became intractable.

Therapeutic Principle: Nourishing the deficient renal Qi and warming the kidney-Yang, sending the adverse flowing of pulmonary

Qi downward in order to stop cough.

Acupuncture Treatment: KI3, TaiXi of one side was selected for herb-cake moxibustion. The prescription of the herb-cake was as below:

NiuXi, Achyranthes Root 10g

ZhiShi, Immature Bitter Orange 5g

BingPian, Borneol 5g

XuDuan, Teasel Root 12g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some water and flour to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes each time totally, having such herb-cake moxibustion once a day.

Effect Observation: After once such treatment, cough and expectoration were relieved greatly, chest oppression disappeared. The patient could sleep well throughout night. After 10 times' treatment, cough and expectoration disappeared completely, her spirit got better too. After 6 months' follow-up, the illness didn't relapse, the patient was in good health all along, then it's end.

3. Bronchial Asthma

Case 1

Patient: Shuai, male, age 22 years, college student.

Chief Complaint: Repeated asthma for 4 years, recurrence for 6 hours.

History of Present Illness: Four years ago, the patient suffered from asthma without any obvious causes. It always occurred when the weather was changing or he was in emotional tension. Then he

went to the local hospital, it was diagnosed as “Bronchial Asthma” through some relative examinations. After treatment of taking some antitussives and antiasthmatics, the symptom became sometimes mild and sometimes severe. 6 hours ago, it relapsed because he ran a long distance. With intravenous dripping “Penicillin, Aminophylline”, it couldn’t be relieved yet. Then he came to this hospital for treatment on June 2, 1995. After the illness came on, his appetite, urination, bowel motions and sleeping were all in normal. No other complaint.

Physical Examination: The patient appeared conscious with an acute complexion. Mouth breathing with purple lips. Light red tongue with a thin layer of white fur. Thready and rapid pulse. No obvious congestion in pharyngeal wall. Both tonsils swelling I°. Harsh breathing sounds, rhonchi and wheezes all present in both lungs. HR at 108 beats/min. Cardiac rhythm regular, no systolic murmur and diastolic murmur. No other abnormal sign.

Diagnosis: Bronchial Asthma.

Differentiation: This disease, in TCM, pertains to the category of “XiaoZheng, ChuanZheng” (asthma). It was caused by disorder of functional activities of pulmonary Qi, which caused there was a failure of lung to conduct dispersing, purifying and descend function. So that the patient couldn’t smoothly breathe and then was involved in asthma.

Therapeutic Principle: Because the patient was just in suffering of asthma at that time, following the principle of relieving secondary syndrome in the acute stage, acupuncture was employed for dredging the obstructed pulmonary Qi and regulating the functional activities of pulmonary Qi, stabilizing the triple energizer—the house of Qi, by such way, asthma could be quickly stopped.

Acupuncture Treatment: TE2, YeMen of one side was selected for acupuncture. A 1.5 cun needle was inserted into the selected acupoint. The depth of insertion was about 1.0 cun so as to stimulate ZhongZhu, TE3 together. After the needling sensation appeared, the needle was manipulated with mild reinforcing and reducing technique in order to induce the needling sensation to spread upward along the gap between the 3rd and the little finger, and then through the back of hand, finally to the lateral forearm. The needle was retained in the acupoint for 30 minutes in total, during the process of retaining, it was manipulated with mild reinforcing and reducing technique once every 10 minutes. On withdrawal, it was pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: Under once such acupuncture, the patient's asthma was stopped immediately, he could breathe smoothly and normally at once. Then he was told to taking "Pills for Invigorating the Spleen" by himself for consolidating the curative effect. After 3 months' follow-up, the patient was in good health all along, then it's end.

Case 2

Patient: Li, male, age 80 years, retired teacher.

Chief Complaint: Repeated cough and asthma for 9 years, recurrence and aggravation for 7 days.

History of Present Illness: Nine years ago, the patient suffered from cough and asthma because of once having a cold. Characteristically, its recurrence was repeated and frequent, always induced by weather changing or overworking. When occurring, it's always accompanied with uneven breathing, chest oppression and shortness of breath,

moreover, there were profuse whitish sticky sputa. While palpitation, dizziness and so on seldom appeared. In every recurrence, he had to be given the treatment of intravenous dripping various antibiotics such as “Aminophylline, Injection of Houltuynia” and oral taking some antiasthmatics and phlegm-eliminating drugs, under the treatment, the symptom could be relieved. Over the past 9 years, the above symptoms became sometimes mild and sometimes severe. 7 days ago, it got cool suddenly, then his cough and asthma came back again. He went to the local hospital, while the symptom couldn't be relieved after 1 week's treatment, the severe asthma offered him uneven breathing during daytime and prevented him from sleeping well throughout night. Then he came to me for treatment on November 12, 2001. After the illness came on, his appetite was poor, bowel motions and urination were all normal. No other complaint.

Physical Examination: The patient was conscious with an acute complexion. Mouth breathing with purple lips. Smooth and soggy pulse. No obvious congestion in pharyngeal wall. Both tonsils swelling I°. Harsh breathing sounds, rhonchi, moist rales and wheezes all clearly positive in both lungs. HR at 112 beats/min. Cardiac rhythm regular, no systolic or diastolic murmur present. Abdomen normal. No other abnormal sign.

Diagnosis: Bronchial Asthma.

Differentiation: This disease, in TCM, pertains to the category of “XiaoZheng, ChuanZheng” (asthma). It was caused by asthenia of the spleen. The asthenic splenic Qi couldn't transport the physiologic dampness and phlegm normally, then the dampness and phlegm were accumulated together in the lungs and prevented lungs from conducting dispersing, purifying, and descending function as

normal. So that the initial Qi couldn't flow smoothly and normally. Correspondingly, the patient suffered from cough, asthma and expectoration. Essentially, in this case, the asthenia of spleen was the primary and the obstruction of dampness and phlegm in lungs was the secondary, it's just the syndrome of asthenia in the primary and sthenia in the secondary.

Therapeutic Principle: Invigorating the spleen and nourishing Qi; warming the interior and expelling the cold evil, regulating the functional activities of the initial Qi, eliminating the dampness and phlegm evil.

Acupuncture Treatment: SP21, DaBao was selected for herb-cake moxibustion. The prescription of the herb-cake was as below:

HuoXiang, Agastache 10g

PeiLan, Eupatorium 10g

BingPian, Borneol 5g

QingPi, GreenTangerine Peel 10g

ZhiShi, Immature Bitter Orange 10g

ChaiHu, Bupleurum Root 10g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some flour, water and ginger juice to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes in total, performing such herb-cake moxibustion once a day.

Effect Observation: After once moxibustion, the patient had flatus constantly. However, cough and expectoration were relieved greatly. Asthma and chest oppression disappeared, therefore, the patient could breathe smoothly and sleep normally throughout night. After 15 times' moxibustion, cough, expectoration and other

uncomfortable sensations disappeared completely, his appetite was improved too. After 6 months' follow-up, the patient was in good health all along, only when having a cold, he merely coughed mildly, while the illness didn't relapse, then it's end.

4. Sinus Tachycardia

Case

Patient: Gu, female, age 56 years, worker.

Chief Complaint: Palpitation and chest oppression for half an hour.

History of Present Illness: Half an hour ago, the patient was attacked by sudden palpitation, chest oppression and shortness of breath without prominent cause. She felt that she hardly had the ability to support herself because of the severe palpitation, uneven breathing as well as annoyance over the chest. Then she was sent to a hospital in Nanjing for treatment. Through some relative examinations, it was diagnosed as "Sinus Tachycardia". After taking some pills (its name was unknown), the symptom couldn't be relieved yet. Then she came to me for treatment on January 3, 1993. After the illness came on, her appetite, sleeping, urination and bowel motions were all normal. In addition, she had "Hypertension" for many years.

Physical Examination: BP: 135/85mmHg. The patient appeared lucid with a normal general status. Thready and rapid pulse, light red tongue with a thin layer of white fur. The pharyngeal wall wasn't obviously congestive. Both tonsils swelling I°. Both lungs clear to auscultation. Some rhonchi could be heard occasionally. HR at 140 beats/min. Cardiac rhythm regular. No systolic or diastolic murmur could be heard. Abdomen normal. No

other abnormal sign.

Diagnosis: Sinus Tachycardia.

Differentiation: This disease, in TCM, pertains to the category of “XinJi, ZhengChong” (severe palpitation). It was caused by stagnation of cardiac Qi and stasis of cardiac blood, so that the patient had severe palpitation.

Therapeutic Principle: Dredging the obstructed meridian and activating the stagnant cardiac Qi, calming the hyperactive heart.

Acupuncture Treatment: PC6, NeiGuan of one side was selected for acupuncture. A 1.5 cun needle, with its tip upward, was inserted into the selected acupoint. After the needling sensation appeared, the needle was manipulated with reducing skills 3 ~ 4 times, and then was retained in the acupoint for 30 minutes totally, during the process of retaining, the needle was manipulated with mild reinforcing and reducing technique once every 10 minutes. On withdrawal of the needle, it was pulled out rapidly and the inserted hole was immediately pressed firmly. During the therapeutic period, it was suggested that her diet should be free from fat and greasy food.

Effect Observation: Under once such acupuncture, palpitation and chest oppression disappeared at once, she felt her chest got much more comfortable and she could breathe smoothly as normal. Then she was told to taking pills of Red Sage Root and pills of Xinxuekang for consolidating the curative effect. After 9 days' follow-up, the patient was in good health all along, then it's end.

5. Hypertension

Case 1

Patient: Wang, female, age 45 years, teacher.

Chief Complaint: Dizziness and palpitation for half a month.

History of Present Illness: Half a month ago, the patient was attacked by dizziness and palpitation without any obvious causes. In a local hospital, it was found that she had “Hypertension” through physical examination. Then she was treated with taking “Nifepine and Compound Hypotensor”. After some days’ treatment, the dizziness and palpitation did not abate. Sometimes, she couldn’t give a lecture due to her severe dizziness, sometimes the palpitation occurred constantly, so that her sleeping was disturbed and became unstable and irritable. Then she came to me for treatment on June 12, 1995. After the illness came on, her appetite, urination and bowel motions were all normal. No other complaint.

Physical Examination: BP: 160/105mmHg. The patient was conscious with a normal general condition. Thready and uneven pulse, light red tongue with a thin layer of white fur. The pharyngeal wall wasn’t obviously congestive. Both lungs clear to auscultation. No rhonchi or moist rales. HR at 88 beats/min. Regular cardiac rhythm. No systolic or diastolic murmur could be heard. Normal abdomen. No other abnormal sign.

Diagnosis: Hypertension.

Differentiation: This disease, in TCM, is categorized as “XuanYun, XinJi” (dizziness, palpitation). It was caused by stasis of cardiac blood and hyperactivities of cardiac Qi. So that the Qi and blood of the whole body were incited in a ferment. Correspondingly, the patient had hypertension and palpitation.

Therapeutic Principle: Promoting blood circulation and removing blood stasis, dredging the obstructed cardiac meridian, calming the hyperactive heart.

Acupuncture Treatment: Acupoint-injection was employed

and BL15, XinShu was selected for treatment. 2ml injection of Red Sage Root was injected into acupoint of BL15, Xinshu, once a day, the selected acupoint of each side was injected alternatively once every other day. During the therapeutic period, it was suggested that her diet should be free of fat and greasy food.

Effect Observation: After 2 days' treatment, the palpitation disappeared and dizziness was relieved greatly, her sleeping got better obviously. Her BP went down to 130/95mmHg, all these signs suggested that the treatment was remarkably effective. The treatment was performed 8 times in total. Ultimately, the patient was cured completely. Her BP dropped to 130/85mmHg. After 4 months' follow-up, the patient was in good health all along, then it's end.

Case 2

Patient: Li, male, age 36 years, worker.

Chief Complaint: Dizziness and headache for 15 days.

History of Present Illness: Fifteen days ago, the patient suffered from dizziness and headache without any obvious causes. They weren't accompanied with fever, rhinorrhea and so on. He himself considered he maybe had a common cold, then he orally took some pills for treating common cold (the name was unknown.), but the symptoms couldn't be relieved, however, they became worse and worse so that he had distending pain and heavy sensation of head all a day, then he couldn't work and live as normal. Then he went to a hospital for treatment. After some relative examinations, it was found that he had hypertension. The doctor suggested that he should accept the treatment of taking some hypotensors for a long time, but the patient himself didn't want to take medicines for a long time. Then he came to me for treatment on

October 6, 1993. After the illness came on, his appetite, sleeping, urination and bowel motions were all normal. No other complaint.

Physical Examination: BP: 150/96mmHg. The patient was lucid with a normal general status. Red and dry tongue with a thin layer of dry and whitish fur. Taut and tense pulse. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs clear to auscultation. No rhonchi or moist rales. HR at 88 beats/min, cardiac rhythm regular. No systolic or diastolic murmur could be heard. No other abnormal sign.

Diagnosis: Hypertension.

Differentiation: This disease, in TCM, pertains to the category of “TouTong, XuanYun” (headache, dizziness). It was caused by asthenia of kidney, which couldn't support the functional activities of liver-Yang within normal limits. So that there appeared hyperactive liver-Yang, furthermore which flamed upward to the top of head. Therefore, the patient had the dizziness and headache.

Therapeutic Principle: Nourishing kidney-Yin and inducing the up-flaming fire downward, comforting the brain and normalizing the mental activities.

Moxibustion Treatment: KI1, YongQuan was selected for herb-cake moxibustion. The prescription of the herb-cake was as below:

NiuXi, Achyranthes 30g

BingPian, Borneol 10g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some flour and water to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes totally, performing such herb-cake moxibustion once every day. During the therapeutic period, it was suggested that his

diet should be free of fat and greasy food.

Effect Observation: After once moxibustion, the dizziness and headache were all relieved. After five days' moxibustion, the dizziness and headache disappeared. His BP dropped to 120/78mmHg. In total, he was treated for 15 days. After half a year's follow-up, the illness didn't relapse, then it's end.

6. Angina Pectoris

Case

Patient: Wang, female, age 56 years, teacher.

Chief Complaint: Repeated crushed precordialgia for half a year.

History of Present Illness: Half a year ago, the patient suffered from precordialgia. At the beginning, it was often induced by overworking or emotional tension. Later on, its recurrence became more frequent. Finally, it occurred even without any causes. When occurring, it's a crushed pain over her chest, accompanied with dyspnea and purple lips, it obliged her to stop anything whatever she was doing, and then stand there rigidly for 3 ~ 4 minutes till it abated. When occurring severely, she would be caught by an agonal sensation, accompanied with the precordialgia radiating to the median aspect of the left upper arm. Since the illness came on, she had been to several hospitals in Nanjing for treatment. Through some relative medical examinations, it was diagnosed as "Coronary Heart Disease, Angina Pectoris". She was treated with some blood-activating drugs and some drugs for lowering the blood-lipid, when the precordialgia occurred, she had to breathe in some first-aid medicines such as "Nitroglycerin". In the past half a year, the symptom was sometimes mild and sometimes severe, but it usually

relapsed frequently. Then she came to me for treatment on September 8, 1996. After the illness came on, her appetite, urination and bowel motions were all normal, but her sleeping became unsteady as usually. No other complaint.

Physical Examination: BP: 120/78mmHg. The patient was conscious with a normal general condition. Light red tongue with a thin layer of white fur. Thready and uneven pulse. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs clear to auscultation. No rhonchi or moist rales. HR at 82 beats/min, cardiac rhythm regular. A 3/6 blowing systolic murmur was heard at the apex. Soft and flat abdomen, no tenderness and rebound tenderness over the whole abdomen. Liver and spleen impalpable. No other abnormal sign.

Examination of Electrocardiogram: HR at 82 beats/min, ST-segment subsidence, T wave changed. It suggested myocardial ischemia.

Diagnosis: Angina Pectoris.

Differentiation: This disease, in TCM, pertains to the category of “ZhenXinTong” (myocardial infarction). It was caused by stagnation of cardiac Qi and stasis of cardiac blood. So that the heart could not be adequately nourished as normal. Correspondingly, the patient had the crushed precordialgia.

Therapeutic Principle: Promoting blood circulation and removing blood stasis, dredging the obstructed cardiac meridian, nourishing the the cardiac Qi and blood and comforting the heart.

Acupuncture Treatment: PC6, NeiGuan of one side was selected for acupuncture. A 1.5 cun needle, with its tip upward, was inserted into the selected acupoint. After the needling sensation appeared, the needle was manipulated with reinforcing skills 3 ~ 4

times, and then the needle was retained in the acupoint for 30 minutes totally, during the process of retaining, the needle was manipulated with mild reinforcing and reducing technique once every 10 minutes. On withdrawal of the needle, it was pulled out rapidly and the inserted hole was immediately pressed firmly. The selected acupoint of each side was used alternatively once every other day. During the therapeutic period, it was suggested that her diet was free from fat and greasy food.

Effect Observation: Under 2 days' such acupuncture, occurring frequency of the precordialgia was obviously less than before, after 5 days' acupuncture, the precordialgia mostly disappeared. After 15 days' acupuncture, there was not recurrence of the precordialgia any more. After half a year's follow-up, the patient was in good health all along, then it's end.

7. Stomachache

Case 1

Patient: Wang, female, age 33 years, teacher.

Chief Complaint: Repeated epigastralgia for more than half a year, aggravation for 1 week.

History of Present Illness: More than half a year ago, the patient suffered from epigastralgia without any obvious causes. Characteristically, it mostly occurred after eating, usually accompanied with a full sensation over the upper abdomen. Sometimes she had psychoalgia of the stomach and lost her appetite. Since the illness came on, she had been to the local hospitals. Through gastroscopy examination, it was diagnosed as "Chronic Superficial Gastritis". She was treated with orally taking some Chinese patent medicines such as "SanJiuWeiTai,

WeiSuChongJi". But the treatment was not effective against her illness, her epigastralgia couldn't be relieved yet. Then she came to me for treatment on November 1, 1997. After the illness came on, her appetite got poor, while sleeping, urination and bowel motions were all normal. No other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Pale tongue with a thin layer of whitish fur and teeth-printed edge. Deep and tense pulse. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs clear to auscultation. No rhonchi or moist rales. Soft and flat abdomen, tenderness over the median epigastrium below the xiphoid process. No muscular tension and rebound tenderness. Liver and spleen palpable in both inferocostal regions. No other abnormal sign.

• **Diagnosis:** Chronic Gastritis.

Differentiation: This disease, in TCM, pertains to the category of "WeiWanTong" (stomachache). It was caused by accumulation of cold-evil in the stomach, which prevented the gastric Qi from normal flowing and then there was stagnation of gastric Qi and blood stasis, so the patient had the stomachache.

Therapeutic Principle: Warming the middle energizer and invigorating the spleen, dispelling pathogenic cold and relieving the pain.

Acupuncture Treatment: BL20, PiShu of one side was selected for the treatment of needle-warming acupuncture combined with ginger-partitioned moxibustion. At first, a 1.5 cun needle was inserted perpendicularly into the selected acupoint. The needle was retained in the acupoint for 30 minutes totally, during the process of retaining, it was continuously baked with a firing moxa-roll and manipulated with reinforcing technique once every 10 minutes. On

withdrawal of the needle, the burning moxa-roll was extinguished, after a while, when the needle became cool, it was twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly. Afterwards, Ginger-partitioned moxibustion was employed immediately. 9 units of moxa cones were burnt out each time, performing such moxibustion twice a day. During the therapeutic period, it was suggested that her diet should be free of cool and cold food.

Effect Observation: under once treatment, her stomachache disappeared immediately. After 6 times' treatment, sensation of fullness in the upper abdomen disappeared too. After 2 months' follow-up, the patient was in good health all along, then it's end.

Case 2

Patient: Zhang, male, age 44 years, worker.

Chief Complaint: Repeated epigastralgia for more than 4 years, aggravation for 1 week.

History of Present Illness: More than 4 years ago, the patient was attacked by repeated epigastralgia without any obvious causes. At the beginning, it was always induced by overworking, later on, the recurrence became extremely regular gradually. It always came back before eating or in hungriness, furthermore, it had a tendency to occur at night. When it occurred severely, it's always accompanied with backache. Since the illness came on, he had been to several hospitals in Nanjing for treatment. Through some relative medical examinations, it was diagnosed as "Gastric Ulcer". Hewas then treated with some antacids and Chinese herbs. Over the past 4 years, the above symptoms became sometimes mild and sometimes severe. 1 week ago, the patient suffered from epigastralgia again due

to drinking a little. He had a burning sensation and insufferable pain in his stomach. So that he had to go to the local hospital and was still given the similar treatment. However, 1 week's treatment couldn't relieve the symptoms yet. Then he was led to me for treatment through somebody on August 6, 1999. After the illness came on, his appetite got poor. In addition the serious stomachache usually prevented him from sleeping as normal, while his defecation and urination were all normal. No other complaint.

Physical Examination: The patient appeared lucid with a pale and lusterless complexion. Deep and thready pulse, light red tongue with a thin layer of white fur. V. profunda variciform and dark blue in colour. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs all clear to auscultation. No rhonchi or moist rales. Abdomen soft and flat. No tenderness over the median epigastrium below the xiphoid process. No muscular tension and rebound tenderness. Liver and spleen palpable in both inferocostal regions. No other abnormal sign.

Diagnosis: Gastric Ulcer.

Differentiation: This disease, in TCM, pertains to the category of "WeiWanTong" (stomachache). It was caused by asthenia of gastric Qi. The asthenic gastric Qi was too weak to smoothly flow as normal, therefore, there were stagnation of gastric Qi and blood stasis, so the patient had stomachache. Essentially, the pathogenesis of this case was asthenia of gastric Qi.

Therapeutic Principle: Strengthening the middle energizer and invigorating the asthenic gastric Qi, dredging the obstructed meridian and relieving pain. According to NaZi method of Midnight-noon ebb-flow and following its principle of reinforcing the deficient healthy Qi in the insufficient case, Si o'clock (about 9:00 o'clock ~

11:00 o'clock) was chosen as the therapeutic period, for when the Qi and blood flowed through the Stomach Meridian of Foot-Yangming just now, the Stomach Meridian is most insufficient in Qi and blood at Si o'clock, so that it's the most suitable time to reinforce the asthenic gastric Qi and the deficient blood of the stomach in the maximum degree.

Acupuncture Treatment: ST36, ZuSanLi was selected for acupuncture. According to NaZi method of Midnight-noon ebb-flow, needle-warming acupuncture was employed at Si o'clock. At first, a 1.5 cun needle was perpendicularly inserted into the selected acupoint. The depth of insertion was 1.0 cun or so, twirling the needle gently till the needling sensation appeared, continuously, the needle was manipulated with mild reinforcing and reducing technique so as to induce the needling sensation to spread downwards along the anterior aspect of the tibia. Finally, the needle was retained in the acupoint for 30 minutes totally, during the process of retaining, it was baked with a firing moxa-roll. On withdrawal of the needle, the burning moxa-roll was extinguished, after a while, when the needle became cool, it was twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: Under once such treatment, the stomachache was relieved greatly, after 3 days' treatment, the burning sensation in his stomach disappeared completely. His sleeping and appetite got normal too. After 10 days' treatment, the patient was cured completely. After half a year's follow-up, the illness didn't relapse, then it's end.

Case3

Patient: Wang, male, age 43 years, teacher.

Chief Complaint: Repeated epigastralgia for more than 6 years, aggravation for 2 weeks.

History of Present Illness: About 6 years ago, the patient had a pain in the upper abdomen without any obvious causes. At the beginning, it was always induced by overworking or being hungry, later on, its recurrence became irregular gradually. It's an irregular dull pain and obliged him to go to the local hospital for treatment. Through gastroscopy examination, it was found that there was "Intestinal Metaplasia" and then the illness was diagnosed as "Chronic Atrophic Gastritis". He was treated with some medicines such as "Yangweishu, Sanjiuweitai, Weiyanling" and so on, the symptom became sometimes mild and sometimes severe. 2 weeks ago, the pain got worse without any evident causes. After orally taking some medicines, it could not be relieved yet, then he came to this hospital for treatment on April 1, 1995. After the illness came on, his appetite was poor and sleeping was unsteady, while his urination and defecation were all normal. No other complaint.

Physical Examination: The patient appeared lucid with a pale and lusterless complexion. Thready, deep and uneven pulse, dark red tongue with a thin layer of white fur. V. profunda was variciform and dark blue in colour. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs clear to auscultation. No rhonchi or moist rales. Soft and flat abdomen, no tenderness over the median epigastrium below the xiphoid process. No muscular tension and rebound tenderness all over the abdomen. Liver and spleen inpalpable in both inferocostal regions. No other abnormal sign

Diagnosis: Chronic Atrophic Gastritis.

Differentiation: This disease, in TCM, pertains to the category of "WeiWanTong" (stomachache). It was caused by deficiency of

Qi and blood. The deficient Qi and blood could not effectively nourish the gastric collaterals as normal and then the gastric collaterals became atrophic. Therefore the patient had an irregular dull pain in his stomach.

Therapeutic Principle: Nourishing blood and invigorating Qi, tonifying the spleen and stomach so as to nourish the gastric collaterals.

Acupuncture Treatment: BL20, PiShu was selected for treatment, acupoint-injection method was employed. 1ml of Membranous Milkvetch Root Injection and 1ml of Chinese Angelica Root Injection were mixed together and then the mixed injection was injected into the acupoint of BL20, PiShu, performing such acupoint-injection once a day. The selected acupoint of each side was injected alternatively once every other day. The patient was told to avoid eating the fat and greasy food during the treatment.

Effect Observation: Under twice such treatment, his stomachache was relieved greatly, after 3 times' treatment, his stomachache disappeared completely. The treatment was performed 10 days totally, at last, the patient was cured. After 8 months' follow-up, the illness didn't relapse, then it's end.

8. Flatulence

Case 1

Patient: Ma, male, age 32 years, farmer.

Chief Complaint: Distending pain of upper abdomen for 3 days.

History of Present Illness: Three days ago, the patient had drinking with some friends. After their drinking, he fell into a trouble of fullness sensation and distending pain over his upper

abdomen. He felt that there were a lot of jumpy gases bumping up and down in the intestine without an intermission, it made him very uncomfortable. So he had to go to the local hospital for treatment. Through physical examination, it was diagnosed as "Flatulence", he was treated with oral taking some drugs such as "Tabellae Domperidoni". After 3 days' treatment, the distending pain in the upper abdomen was not relieved yet. Then he came to this hospital for treatment on September 12, 1993. After the illness came on, the patient's appetite got poor, while his sleeping, urination and defecation were all normal. There was not other complaint.

Physical Examination: The patient appeared lucid with normal general conditions. Deep and tense pulse, light red tongue with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs clear to auscultation. No rhonchi or moist rales. Heart normal, abdomen expansive. Tympany could be found through percussion over the abdomen. Active bowel sounds all over the upper abdomen. No tenderness and rebound tenderness over the abdomen. No other abnormal sign.

Diagnosis: Flatulence.

Differentiation: This disease, in TCM, pertains to the category of "PengZhang, WeiTong" (abdominal distention, stomachache). It was caused by eating too much fat and greasy food, which severely obstructed the stomach and intestine and prevented the gastric Qi and intestinal Qi from flowing smoothly as normal. So that there was stagnation of the gastric Qi and intestinal Qi, the patient had the distending pain in the upper abdomen.

Therapeutic Principle: Benefiting the stomach and intestine, activating and normalizing the functional activities of the gastric Qi and intestinal Qi in order to remove the Qi stagnation and relieve

the distending pain.

Acupuncture Treatment: The midpoint between ST36, ZuSanLi and ST37, ShangJuXu of one side was selected for acupuncture. A 1.5 cun needle was perpendicularly inserted into the selected point. The depth of insertion was about 1.2 cun. At first, the needle was manipulated with lifting and thrusting technique till the needling sensation appeared, and then it was manipulated with reducing technique 3 times. After that, the needle was slightly lifted up to the superficial portion and then obliquely inserted into the point again but with its tip upward toward ST36, ZuSanLi, it was manipulated with the same techniques 3 times. Continuously, the needle was slightly lifted up again to the superficial portion and then obliquely inserted into the point once more but with its tip downward toward ST37, ShangJuXu, it was also manipulated with the same techniques 3 times. At last, the needle was slowly lifted up to the superficial portion again and perpendicularly inserted into the point, it was retained in the selected point for 20 minutes totally.

Effect Observation: Under once such acupuncture, the patient began to break wind continuously, while the distending pain in the upper abdomen was relieved immediately. After 2 days' follow-up, the patient was in good health all along, then it's end.

Case 2

Patient: Ju, female, age 32 years, accountant.

Chief Complaint: Abdominal pain and distention for 1 week.

History of Present Illness: One week ago, the patient suffered from abdominal pain and distention due to eating much more pyramid-shaped rice dumpling. The symptoms occurred continuously and couldn't abate. Then she went to the local hospital for

treatment. Through physical examination, it was diagnosed as “Flatulence”, she was then treated with oral taking some drugs such as “Tabellae Domperidoni and Yeast Pills”. After 1 week’s treatment, the pain and distention were not relieved yet. Furthermore, it seemed that there were a lot of jumpy gases bumping up and down in her intestine, the bowel sounds became frequent and hyperfunctional, so that she got a noisy sensation in her abdomen. Finally she suffered from the distending pain and the sensation of fullness over the abdomen so much that she could not stand it. Then she came to this hospital for treatment on June 22, 1995. After the illness came on, the patient’s appetite got poor, while her sleeping, urination and defecation were all normal. There was not other complaint.

Physical Examination: The patient was conscious with a normal general condition. Thready and uneven pulse, light red tongue with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs clear to auscultation. No rhonchi or moist rales. Heart normal. The abdomen was expansive. Tympany could be found through percussion over the abdomen. Active bowel sounds. There was tenderness over the sinister abdomen and the epigastrium below the xiphoid process, but there was not rebound tenderness over the abdomen. No other abnormal sign.

Diagnosis: Flatulence.

Differentiation: This disease, in TCM, pertains to the category of “ShiJi, WeiTong” (stagnancy of food, stomachache). It was caused by improper diet, which couldn’t be transported as normal by the stomach and then became the putrid stagnancy of food that stayed in the stomach and intestine, thereby, the stomach and

intestine were all blocked. As a result of it, the gastric Qi and intestinal Qi couldn't flow in the GI tract smoothly as normal, therefore, the functional activities of the gastric Qi and intestinal Qi were all disturbed and there was stagnation of the gastric Qi and intestinal Qi, then the patient got the distending pain in the upper abdomen. In addition, those drugs that the patient had taken such as "Tabellae Domperidoni and Yeast Pills" are not effective enough to activate the stagnant gastric Qi and intestinal Qi, for the efficacy of those medicines are all too weak and incompetent. So that the treatment ended in failure.

Therapeutic Principle: Activating the middle energizer and promoting digestion, removing the stagnancy of food and normalizing the functional activities of the gastric Qi and intestinal Qi, activating Qi for relieving the distention and stopping the pain.

Acupuncture Treatment: ST25, TianShu of one side—the Front-Mu acupoint of the Large Intestine Meridian of Hand-Yangming was selected for acupuncture and herb-cake moxibustion. At first, a 1.5 cun needle was perpendicularly inserted into the selected acupoint and manipulated with mild reducing and reinforcing technique, it was retained in the acupoint for 20 minutes in total. After withdrawal of the needle, the herb-cake moxibustion was employed immediately. The prescription of the herb-cake was just as below:

HuangLian, Coptis Root 10g

HuangQin, Scutellaria Root 10g

QingPi, GreenTangerine Peel 20g

ZhiShi, Immature Bitter Orange 20g

BingPian, Borneol 8g

All the above herbs were to be ground into fine powder

together. When used, a little of the powder was mixed with some flour and water to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes totally, performing such acupuncture and herb-cake moxibustion once a day.

Effect Observation: Under once such treatment, the patient passed flatus continuously, while the abdominal distention and pain were all relieved greatly, the active bowel sounds were all normalized, the noisy sensation also disappeared. After 3 days' treatment, the patient was cured completely, then it's end.

9. Gastropptosis

Case

Patient: Huang, female, age 42 years, peasant.

Chief Complaint: Abdominal distention and pain accompanied with anorexia for 6 years.

History of Present Illness: Six years ago, the patient gradually suffered from abdominal pain and distention accompanied with anorexia without any obvious causes. At the beginning, the symptoms mostly occurred after eating, later on, they occurred constantly. Especially after eating, the abdominal distention and pain became more protrudent. At last, the permanent distention and pain caused she didn't dare be full up in her every diet, therefore, she gradually got poor appetite and anorexia. Sometimes when she was full up, there would be a sensation of gastric tenesmus in her abdomen, the abdominal pain and distention became more severe and insufferable. Then she had to go to the local hospital for treatment. Through gastroscopy examination and barium meal examination of upper digestive tract, the illness was confirmed as

“Gastroptosis”, she was then treated with some medicines such as “Weisuchongji, Tabellae Domperidoni”, but the abdominal pain, distention and the sensation of gastric tenesmus could not be relieved all along. In the past 6 years, she had to go to the local hospitals again and again, while the treatments were not effective against her illness. Then she came to this hospital for treatment on June 12, 1999. After the illness came on, the patient got poor appetite and anorexia, while her sleeping, urination and defecation were all normal. There was not other complaint.

Physical Examination: The patient appeared spiritless and emaciated with a sallow complexion. Disinclination to speak. Floating and tense pulse, light red tongue with a thin layer of white fur. The pharynx, lungs and heart were all normal. Soft and flat abdomen with tenderness over the epigastrium above the umbilicus and below the xiphoid process, no rebound tenderness over the abdomen. No masses presented on palpation. Liver and spleen inpalpable in both inferocostal regions. No other abnormal sign.

Barium meal Examination of Upper Digestive Tract: It revealed that the inferior limit of the stomach was at the level 4.5 cm below the line joining the anterosuperior iliac spines of both sides, the gastric mucosa became thicker and disorderly, the gastric peristalses became slower than normal. All these signs indicated there were chronic gastritis and gastroptosis.

Diagnosis: Chronic Gastritis, Gastroptosis.

Differentiation: This disease, in TCM, pertains to the category of “WeiXia, WeiHuan” (gastroptosis, gastric relaxation). It was caused by deficiency of gastrosplenic Qi. The deficient gastrosplenic Qi could not effectively promote the gastric peristalses as normal, then the food would be retained in the stomach for a longer period

than normal. Therefore, there always be food that couldn't be evacuated timely in the stomach. Moreover, the deficient gastrosplenic Qi couldn't effectively lift and astringe the stomach as normal, so that the stomach prolapsed and then the patient got the abdominal pain and distention, more characteristically, the sensation of gastric tenesmus was caused; in addition, it's more difficult for the prolapsed stomach to transport the water and food, so that the patient got the poor appetite and anorexia.

Therapeutic Principle: Benefiting the middle energizer and invigorating the gastrosplenic Qi in order to elevate the Qi and blood, lift and astringe the stomach.

Acupuncture Treatment: The stomach-lifting method was employed for treatment. A 4.0 cun needle was transversely inserted into the skin from CV13, ShangWan to CV10, XiaWan, the penetrated acupoints included CV13, ShangWan, CV12, ZhongWan, CV11, JianLi, CV10, XiaWan in turn. After the needle was inserted into the skin completely, it was first manipulated with reinforcing technique and then manipulated with single-direction twirling technique so as to twine the regional muscle around the needle firmly. Continuously, the needle was lifted upward with the muscle together and this action was retained for 1 ~ 2 minutes or so. After that, the needle was retained under the skin for 30 minutes totally, during the process of retaining, it was regularly manipulated with the same technique once every 10 minutes. On withdrawal of the needle, it was pulled out with reinforcing technique. Such acupuncture was performed once every other day.

Effect Observation: Under once such acupuncture, the abdominal pain and distention were all relieved greatly, the sensation of gastric tenesmus disappeared. After 6 times' treatment,

there was not discomfort any more. Through X-ray Barium examination, it was revealed that the inferior limit of the stomach was at the level 1.5 cm below the line joining the anterosuperior iliac spines of both sides. Then it's end.

10. Vomiting

Case 1

Patient: Wang, male, age 8 years, pupil.

Chief Complaint: Repeated vomiting for half a month.

History of Present Illness: Half a month ago, the patient suffered from repeated vomiting without any obvious causes. It usually occurred in every morning after he woke up. When occurring, he first had vexation, chest oppression and nausea and then began to vomit. But he never vomited the food he had eaten, even he vomited severely, he only sicked up some thin-textured watery fluid. As usual, its occurrence persisted for about 10 minutes each time. After the illness came on, his mother led him to some local hospitals for treatment. Through some medical examinations, there was not abnormal result at all. He was merely treated with some common drugs such as "VitC, VitB⁶ and Oryzanol", but the patient still kept vomiting in every morning. Then his mother led him to this hospital for treatment on March 13, 2002. After the illness came on, his appetite, sleeping, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was conscious and in a normal general condition. Light red tongue with a thin layer of white fur. Taut and tense pulse. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Clear breathing sounds in both lungs. No rhonchi and moist rales could be heard. Heart and

abdomen all negative. No other abnormal sign.

Diagnosis: Nervous Vomiting.

Differentiation: This disease, in TCM, pertains to the category of “GanOu” (nervous vomiting). It was caused by hyperactive hepatic Qi, which disturbed the normal functional activities of middle energizer and then caused the gastric Qi adversely flowed upward, so that the patient had the repeated vomiting.

Therapeutic Principle: Suppressing the hyperactive hepatic Qi and sending the adverse flowing of gastric Qi downward, relieving the nausea and stopping the vomiting.

Acupuncture Treatment: LR3, TaiChong of one side was selected for acupuncture. A 1.0 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 0.5 ~ 0.6 cun or so, the needle was manipulated with reducing technique so as to induce the needling sensation to spread upward to dorsum of the foot, and then the needle was retained in the acupoint for 30 minutes totally, during the process of retaining, it was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was shaken around and pulled out slowly in order to enlarge the hole and bleed a little. Such acupuncture was performed once every day.

Effect Observation: Under once the treatment, the nausea and vomiting were all relieved greatly, after 3 days' treatment, the nausea and vomiting disappeared. After 1 month's follow-up, the patient was in good health all along. Then it's end.

Case 2

Patient: Liu, female, age 15 years, high school student.

Chief Complaint: Vomiting for 15 minutes.

History of Present Illness: One hour ago, the patient took a bus for her spring outing. After 30 minutes' travel in the bus, she was suddenly attacked by dizziness, nausea and chest oppression and then began to severely vomit. She sicked up a lot of food that she had eaten and some thin-textured mucus. Therefore, she had to take the pills of "dramamine" from her classmate, but the pills could not stop her continuous vomiting. At that time, I happened to be in the bus and then I decided to quickly stop her vomiting by acupuncture. There was not other complaint.

Physical Examination: The patient was spiritless with a pale and lusterless complexion. Her forehead and palms were all covered with cold sweat. She was vomiting continuously. Floating and tense pulse. Because the patient must be treated peremptorily under that condition, her tongue, heart, lungs and abdomen were not examined at that time. No other abnormality present.

Diagnosis: Kinetosis.

Differentiation: This disease, in TCM, pertains to the category of "XuanYun" (vertigo). It was caused by taking the bus, which jolted the patient and then disturbed the patient's flowing of Qi and blood, therefore, her Qi and blood were all in a turbulence. So that the patient had the dizziness, nausea and vomiting.

Therapeutic Principle: Invigorating the Qi and blood, calming the disturbed spirit and tranquilizing the mind. In order to maintain the tranquilization of the Qi and blood, the acupoints that are related to the Yin Link Vessel and Yang Link Vessel should be selected for treatment.

Acupuncture Treatment: PC6, NeiGuan of one side was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint. The depth of insertion was about 1.2

cun. (containing the therapeutic intention of penetrating TE5, WaiGuan together) After the needling sensation appeared, the needle was manipulated with mild reducing and reinforcing technique so as to induce the needling sensation to spread to the upper arm along the anterior and posterior aspect of the forearm, and then continuing manipulating the needle with mild reducing and reinforcing technique for 2 ~ 3 minutes totally. On withdrawal of the needle, it was pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: Under once such acupuncture, the nausea and vomiting were all stopped immediately, the patient was comforted greatly. During the next 2 hours' travel in the bus, the illness didn't relapse, then it's end.

Case 3

Patient: Liao, female, age 41 years, worker.

Chief Complaint: Repeated time-fixed vomiting for more than 2 months.

History of Present Illness: More than 2 months ago, the patient vomited at 3 o'clock every early morning without any obvious causes. Before everyday occurrence, she primarily had paroxysmal dizziness and a constricting sensation in her forehead and then began to vomit. She vomited all the food she had eaten, furthermore, she sicked up some thin-textured and white ptyalo-fluid too, finally, when there was no gastric content to be vomited, she still retched continuously till 4 o'clock. In the past 2 months, the occurrence was extremely punctual and always persisted for 1 hour each time. During the insufferable occurrence, she suffered from the sickness so much that she would rather die. Since the illness came on, she had been to several hospitals in Jiangyin, Wuxi etc. After

being treated by some Chinese herbs and western medicines, there wasn't any curative effect on her at all, she still kept vomiting in the fixed period. Furthermore, there slowly appeared aching and limpness, coldness and chilly sensation of her limbs, in addition, the patient got poor appetite and anorexia in recent days. Then she came to me for treatment through her older sister on September 18, 2001. Since the illness came on, her sleeping, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient appeared conscious and spiritless with a sallow and lusterless complexion. Thready, taut and hollow pulse, pale tongue with a thin layer of whitish, watery fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Clear breathing sounds in both lungs. No rhonchi and moist rales could be heard. Heart and abdomen all negative. No other abnormal sign.

Diagnosis: Cyclic Vomiting.

Differentiation: This disease, in TCM, pertains to the category of "OuTu" (vomiting). It was caused by asthenia of splenic Yang and gastric Yang. According to TCM's doctrine of viscera-state, the attribute of the spleen is earth, whose child-organ is lung-metal which restricts the liver-wood to the normal functional activities so as to prevent the hyperactivities of the liver-wood. The period from 3 o'clock to 4 o'clock every early morning is just Yin o'clock. According to the theory of NaZi method of Midnight-noon ebb-flow, Yin o'clock should be the flowing period of the Lung Meridian of Hand-Taiyin under normal conditions, the Qi and blood of Lung Meridian are just of flood tide during the period. However, in this case, the patient's splenic Yang and gastric Yang were all so deficient that they could not effectively promote the functional activities of the lung-metal as normal. As a result of it, the asthenia

of the spleen and the stomach caused the asthenia of the lung-metal, and then the Qi and blood of Lung Meridian became much more deficient. This special clinical phenomenon was named as “illness of a mother-organ involving its child-organ” in TCM. Therefore, not only the deficient Qi and blood of Lung Meridian could not be of flood tide at Yin o’clock, but also they were adversely restrained by the hyperactive Qi and blood of Liver Meridian. So that the patient vomited at Yin o’clock again and again. This case, essentially, is the typical syndrome named as “illness of a mother-organ involving its child-organ”.

Therapeutic Principle: Strengthening the middle energizer and invigorating the gastric Qi, dredging the obstructed meridian and stopping the vomiting. Following the principle of reinforcing the deficient Healthy-Qi in the insufficient case of NaZi method of Midnight-noon ebb-flow, Si o’clock (about 9:00 o’clock ~ 11:00 o’clock) was chosen as the therapeutic period, for when the Qi and blood flowed through the Stomach Meridian of Foot-Yangming just now, the Qi and blood of the Stomach Meridian is most insufficient at Si o’clock, so that it’s the most suitable time to reinforce the Qi and blood of the Stomach Meridian in the maximum degree. By such way, the deficient splenic Qi and gastric Qi could be reinforced enough to promote the lung effectively and then the lung could triumphantly suppress the rebellion of the liver.

Acupuncture Treatment: ST36, ZuSanLi was selected for acupuncture. According to NaZi method of Midnight-noon ebb-flow, needle-warming method was employed at Si o’clock. A 1.5 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 1.0 ~ 1.2 cun or so, twirling the needle lightly till the needling sensation appeared. The needle was then

manipulated with mild reinforcing and reducing technique so as to induce the needling sensation to spread downwards along the anterior aspect of the tibia. The needle was retained in the acupoint for 30 minutes in total, during the process of retaining, the needle was permanently baked with a firing moxa-roll, the warming sensation would spread all over the anterior aspect of the leg and the dorsum of the foot. On withdrawal of the needle, the burning moxa-roll was extinguished, after the needle became cool, it was twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: Under once such treatment, the patient slept very well throughout the night, the vomiting didn't appear any longer. After 5 times' treatment, the chilly sensation and coldness of extremities disappeared completely, the aching and weakness of the extremities disappeared too. Her appetite got better, there was not other complaint any more. After 10 times' treatment, the patient was cured completely, her complexion became ruddy and lustrous. After 1 year's follow-up, the illness didn't relapse, then it's end.

11. Cholecystitis

Case 1

Patient: Yao, male, age 46 years, worker.

Chief Complaint: Pain of dextral upper abdomen for 1 day.

History of Present Illness: One day ago, the patient suffered from a pain in his dextral upper abdomen due to having some fat food. The pain was a constant dull pain and he couldn't stand it. Then he went to the local hospital for treatment. After some relative clinical examinations, the illness was diagnosed as "Cholecystitis", he was treated by intramuscular injecting

“Atropine, 654-Ⅱ”, and intravenous dripping some antibiotic drugs for 1 day. But it couldn’t be mitigated yet. Then he came to emergency department of this hospital on December 12, 1998. Through asking his history of illness carefully, it was found that he had gotten “Cholecystitis” for more than 20 years. However, its every recurrence could be relieved by intramuscular injecting “Atropine” and intravenous dripping some anti-inflammatory drugs as usual, only this attack of the illness couldn’t be mitigated by the same treatment. After the illness came on, his appetite, urination and bowel motions were all normal, while the severe abdominal pain prevented him from sleeping as normal. There was not other complaint.

Physical Examination: The patient appeared lucid with an acute painful complexion. The surface of his body was wet by his excessive sweating, he was in continuous groaning and moaning. Thready and smooth pulse, pale tongue with a thick layer of white fur. Heart and lungs all negative. Flat and soft abdomen with protrudent tenderness and muscular tension at the part of the dextral upper abdomen. Murphy’s sign positive. No other abnormal sign.

Diagnosis: Acute Bout of Chronic Cholecystitis.

Differentiation: This disease, in TCM, pertains to the category of “XieTong” (hypochondriac pain). It was caused by deficiency of gallbladder-Yang, which caused the gallbladder could not be effectively warmed up. So that the gallbladder was involved in a predicament of dampness-phlegm evil, therefore, the flowing and circulation of the gallbladder-Qi became slow and uneven, finally it caused stagnation of gallbladder-Qi and blood stasis in gallbladder and then the patient had a pain in his dextral upper abdomen.

Therapeutic Principle: Relieving the secondary symptom in

the acute stage; warming the meridian and activating the stagnant meridian-Qi in order to rapidly mitigate the pain; curing the primary symptom in the chronic stage; using acupuncture with pills together to invigorate the gallbladder-Yang and eliminate dampness-phlegm evil after relieving the symptom.

Acupuncture Treatment: GB37, GuangMing of dextral side was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint and manipulated with twirling and rotating technique in order to induce needling sensation, after the needling sensation appeared, the needle was manipulated with heat-producing method to produce a heat sensation over the lateral regions of dextral ankle-joint and dextral leg, furthermore, the heat sensation was induced to spread upward along the lateral aspect of the dextral leg, the needle was retained in the acupoint for 30 minutes entirely, manipulating the needle with reinforcing technique once every 10 minutes. On withdrawal of the needle, it was pulled out rapidly and the hole was immediately pressed firmly.

Effect Observation: Under once the above treatment, the abdominal pain disappeared at once, then he was told to have direct moxibustion on the selected acupoint, 3 times a day, 9 cones each time. During the same period, he was told to orally take Pills of Aconiti for Regulating Middle Energizer. After 4 months' follow-up, the patient was in good health all along, the illness didn't relapse anymore, then it's end.

Case 2

Patient: Wu, female, age 45 years, teacher.

Chief Complaint: Pain of dextral upper abdomen for 2 days.

History of Present Illness: Two days ago, the patient had a

pain in her dextral upper abdomen without any obvious causes. The pain was a constant prickling pain, involving the dextral back and the dextral shoulder, it was a insufferable abdominal pain and accompanied by a fever and vomiting. Then she went to a hospital for treatment, After some relative medical examinations, the illness was diagnosed as “Cholecystitis”, she was treated by intramuscular injecting “Atropine, 654-II”, and intravenous dripping some antibiotic drugs for 2 day, the fever and vomiting were cured but the pain in her dextral upper abdomen remained as before, then she came here for treatment on February 12, 1999. After the illness came on, her appetite, urination and bowel motions were all normal, while the severe abdominal pain prevented her from sleeping normally. There was not other complaint.

Physical Examination: The patient was conscious with an acute painful complexion. The surface of her body was wet by her excessive sweating, she was in continuous groaning and moaning. Taut and uneven pulse, rich red tongue with a thin, dry layer of white fur. Heart and lungs all normal. Flat and soft abdomen, tenderness and muscular tension was positive at the part of the dextral upper abdomen. Murphy’s sign positive. No other abnormal sign.

Diagnosis: Cholecystitis.

Differentiation: This disease, in TCM, pertains to the category of “XieTong” (hypochondriac pain). It was caused by rampant sthenic heat-evil of the liver and gallbladder, which first burned and then excessively consumed the blood and the body fluid, so that the blood and the clear fluid of the liver and gallbladder became dried up, the flowing and circulation of blood and Qi of the liver and gallbladder became slow and uneven, it caused there were stagnation

of gallbladder-Qi and blood stasis in the gallbladder, so the patient suffered from the constant abdominal pain.

Therapeutic Principle: Cooling blood and dredging the obstructed meridian, clearing away heat-evil and removing blood stasis, normalizing the functional activities of gallbladder and stopping the pain.

Acupuncture Treatment: GB34, YangLingQuan of dextral side was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 1.0 cun. the needle was first manipulated with twirling and rotating technique in order to induce needling sensation, after the needling sensation appeared, it was manipulated with cool-producing method to produce a cool sensation over the lateral regions of dextral knee-joint and dextral leg, furthermore, the cool sensation was induced to spread downward along the lateral aspect of the dextral leg, the needle was retained in the acupoint for 30 minutes totally, manipulating the needle with reducing technique once every 10 minutes. On withdrawal of the needle, it was shaken around and pulled out slowly in order to enlarge the hole.

Effect Observation: Under once the above treatment, the abdominal pain disappeared at once, she got the above acupuncture treatment 5 times totally, during the same period, she was told to orally take Pills of Gentian for Eliminating Liver-fire. After 6 months' follow-up, the patient was in good health all along, the illness didn't relapse anymore, then it's end.

12. Hiccup

Case

Patient: Ma, female, age 22 years, college student.

Chief Complaint: Hiccup for 2 days.

History of Present Illness: Two days ago, the patient suffered from hiccup without any obvious causes. It occurred continuously and severely affected her study and living. Then she went to a local hospital and was treated with oral taking “Tabellae Domperidoni”. After 2 days’ treatment, her hiccup was not stopped yet. Then she came to this hospital for treatment on March 12, 1997. After the illness came on, her sleeping, appetite, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was conscious with a normal general condition. Thready and uneven pulse, light red tongue with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. The respiratory sounds in both lungs were all clear. No rhonchi and moist rales could be heard. Heart and abdomen all normal. No other abnormal sign.

Diagnosis: Hiccup.

Differentiation: This disease, in TCM, pertains to the category of “E’ Ni” (hiccup). It was caused by disorder of functional activities of gastric Qi, which caused the gastric Qi adversely flowed upward. Then the patient had the hiccup.

Therapeutic Principle: Regulating the functional activities of gastric Qi, subduing the adverse flow of gastric Qi and stopping the hiccup, harmonizing the stomach’s function and relieving the stagnation of Qi. According to the theory of meridians, the Stomach Meridian of Foot-Yangming starts from the lateral side of ala nasi and ascends to the bridge of nose, where it meets the Bladder Meridian of Foot-Taiyang. Therefore, we could draw a conclusion that the bridge of nose is the special place that connects the stomach meridian with bladder meridian. As valuable applying, if we selected

the proper acupoint locating in this place, we could effectively strengthen the connection between the stomach meridian and bladder meridian so as to achieve the curative effect of regulating the functional activities of gastric Qi, subduing the adverse flow of gastric Qi and stopping the hiccup. Puncturing the acupoints such as Zuanzhu and Jingming which located between nasion and the inner canthus, can fluctuate the channel qi of two different channel. When location were taken into account, Zuanzhu is safer than Jingming. So we usually select Zuanzhu in the treatment.

Acupuncture Treatment: BL2, Zanzhu of one side was selected for acupuncture. At first, a 1.0 cun needle was inserted into the selected acupoint, the depth of insertion was about 0.3 ~ 0.5 cun. It was manipulated with twirling and rotating technique so as to induce the aching needling sensation in the regional part. The needle was retained in the acupoint for 30 minutes entirely. On withdrawal of the needle, it was twirled around and then pulled out rapidly, the inserted hole was immediately pressed firmly.

Effect Observation: Under once above acupuncture, her hiccup was stopped at once. After 5 days' follow-up, the illness didn't relapse, then it's end.

13. Chronic Enteritis

Case 1

Patient: Xu, male, age 41 years, worker.

Chief Complaint: Diarrhea and noisy sensation of abdomen for more than 3 years.

History of Present Illness: More than 3 years ago, the patient suffered from abdominal pain and diarrhea because of an improper diet. At that time, he went to a hospital in Jiangyin for treatment,

through physical examination, it was diagnosed as “Acute Enteritis”, he was then treated with intravenous dripping some antibiotics and antispasmodics. Under the treatment, the abdominal pain disappeared quickly and the diarrhea was relieved greatly. However, he had gotten a noisy sensation and active bowel sounds in his abdomen since then, which annoyed him every day without an intermission. Especially after his meal, the bowel sounds immediately rang out, just as if a large crowd of frogs and crows being in shindy. Such noisy sensation always persisted for a long period each time. More troublesomely, there would be diarrhea in that period less than 30 minutes after his meal, the stools looked watery or like yellow soup with a foul smell, sometimes accompanied with slight abdominal pain. In addition, the patient defecated 5 ~ 6 times each day, the stools were pulpy and formless, just like plaster. More characteristically, there always be some indigested grains of rice and vegetable leaves in his stool. After the illness came on, he had been to several hospitals in Jiangyin for treatment, he was treated with Chinese herbs and western medicines for several times. Unfortunately, none of the above symptoms could be relieved all along although he asked many doctors in the past 3 years. Half a month ago, these symptoms were aggravated because he had a beer. Then he had to go to a local hospital again and was treated with intravenous dripping “Ofloxacin and energies”, but the treatment was not effective against his illness. Then he came to this hospital for treatment on May 15, 2002. After the illness came on, his appetite, sleeping and urination were all normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general status. Deep, soggy and slippery pulse. Light red

tongue with a thin layer of white fur. Heart and both lungs all normal. Soft and flat abdomen. No tenderness and rebound tenderness all over the abdomen. Liver and spleen impalpable in the both inferocostal region. Active bowel sounds could be easily heard all over the abdomen even without using echometer. No other abnormal sign.

Diagnosis: Chronic Enteritis.

Differentiation: This disease, in TCM, pertains to the category of “SunXie” (diarrhea with indigested food). It was caused by deficiency of splenic Qi. According to the theory of viscera of TCM, the attribute of spleen is earth, it is responsible for governing the functional activities of the middle energizer and takes charge of digestion and transport. Therefore, the spleen is regarded as the postnatal base of life in TCM. On the other hand, the deficiency of splenic Qi would certainly result in inability to digest the daily food and water and then there would appear a failure of middle energizer to govern transport. So that the patient suffered from the diarrhea with indigested food. Additionally, as the postnatal base of life, the spleen interiorly keeps immanent liaison with the other Zang and Fu organs through its Major Collateral so as to nourish the Zang and Fu organs and further maintain their normal functional activities. Therefore, we can draw a conclusion that the Major Collateral of the spleen is just the hinge to maintain the immanent liaison between the spleen and the other Zang and Fu organs. So that the old sages of the past praised the acupoint of SP21, DaBao as the most important acupoint to widely govern all the Yin and Yang meridians and generally regulate the Qi of all the Zang and Fu organs. Following such comprehension on the Major Collateral of the spleen, we can consider that the acupoint of SP21, DaBao is the key

point to insure the immanent liaison of Qi and blood between the spleen and the other Zang and Fu organs. In this case, the splenic Qi was so deficient that the Major Collateral of the spleen was affected too, it could not insure the immanent liaison of Qi and blood between the spleen and the other Zang and Fu organs. Then the diarrhea and noisy sensation of abdomen persisted for several years and could not be cured easily.

Therapeutic Principle: Invigorating the splenic Qi and benefiting the splenic Yang so as to reinforce the gastrosplenic Qi enough to normally govern digesting and transporting the daily food and water. Because the Major Collateral of the spleen is just the hinge to maintain the immanent liaison between the spleen and the other Zang and Fu organs, warming and reinforcing the Major Collateral of the spleen could not only effectively invigorate the spleen but also widely govern all the Yin and Yang meridians and generally regulate the Qi of all the Zang and Fu organs so as to ameliorate the symptoms rapidly. Such therapeutic principle is just the key point of SAM, for such therapeutic principle can achieve the special curative effect: curing several symptoms only with selecting one acupoint, just like what a Chinese idiom said: to give a pull at one hair makes the whole body sway. In addition, following the principle of reinforcing the deficient healthy-Qi in the insufficient case of NaZi method of Midnight-noon ebb-flow, Wu o'clock (about 11:00 o'clock ~ 13:00 o'clock) was chosen as therapeutic period, for when the Qi and blood flowed through the Spleen Meridian of Foot-Taiyin just now, the Qi and blood of the spleen meridian is most insufficient at Wu o'clock, so that it's the most suitable time to reinforce the Qi and blood of the spleen meridian in the maximum degree.

Acupuncture Treatment: SP21, DaBao of sinister side was

selected for herb-cake moxibustion. The prescription of the herb-cake was as below:

HuoXiang, Agastache 150g

PeiLan, Eupatorium 150g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some water and flour to make coin-shaped herb-cake. One herb-cake was set onto the selected acupoint (point of intersection of the mid-axillary line and the 6th intercostal space) for being baked with a burning moxa-roll, performing such herb-cake moxibustion once a day, 30 minutes each time. Drinking, greasy and hot food were all forbidden during the treatment.

Effect Observation: After once such moxibustion, the bowel sounds were reduced greatly, the noisy sensation in the abdomen disappeared at once. After 2 times' herb-cake moxibustion, the bowel sounds got normal, the stools became shaped, he defecated 1 ~ 2 times a day. But there were some indigested grains of rice and vegetable leaves in his stools yet. After 6 times' treatment, all the uncomfortable sensation disappeared cleanly, the stools became normal completely, he defecated once a day. There were not indigested grain of rice and vegetable leaves in his stools any more. Then he was told to pay attention to nursing himself well and protect himself from the improper diet. After 1 year's follow-up, the patient was in good health all along, the illness didn't relapse, then it's end.

14. Angioneurotic Headache

Case 1

Patient: Huang, male, age 32 years, train driver.

Chief Complaint: Repeated headache for 8 years, aggravation

for 6 days.

History of Present Illness: Eight years ago, the patient suffered from headache without any obvious causes. Previously it was only induced by emotional tension or overworking. Finally it occurred more and more frequently, weather changing or a long time of driving always induced its recurrence. When the attack came on, the patient got a sensation of being constricted in his scalp and a distending pain, which especially appeared more protrudent in his forehead. In the past 8 years, he asked innumerable doctors for treatment. After physical examination, it was diagnosed as “Angioneurotic Headache” and was intermittently treated with “Brufen and Piminodine”. The symptom became sometimes mild and sometimes severe. 6 days ago, the headache relapsed. After taking the above medicines, the pain couldn’t be relieved. Then he came here for treatment on November 13, 1993. After the illness came on, his appetite, sleeping and urination weren’t disturbed. But the stools were dry and costive as usual, it was moved once every 2 or 3 days. There was not other complaint.

Physical Examination: The patient appeared lucid with an acute painful complexion. Deep and strong pulse, red tongue with a dry layer of white fur. Head normal-shaped without tenderness. Pliable nape. Pathological reflex negative. Movement of neck unlimited. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Heart, both lungs and abdomen all normal. No other abnormal sign.

Diagnosis: Angioneurotic Headache.

Differentiation: This disease, in TCM, pertains to the category of “TouTong” (headache), also namely “Yangming Headache”. This case, currently, was prominently characterized by the headache

in the forehead, it was just caused by the obstruction of Yangming meridian and blockage of Yangming meridian Qi. Additionally, the sthenic heat was interiorly accumulated in the Yangming organ, which was clearly manifested by dry fur, costiveness and durable headache in this case.

Therapeutic Principle: Relieving the secondary symptoms in the acute stage; dredging the obstructed Yangming meridian in order to immediately relieve the headache with acupuncture. Treating the primary symptoms in the chronic stage; after the headache was relieved, using pills or powder to expel the heat-evil in Yangming organ, eradicating this disease with simultaneous relief of pathogenic factors from the exterior and interior.

Acupuncture Treatment: LI4, HeGu of one side was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint. After needling sensation appeared, the needle was manipulated with reducing technique, and then the needling sensation was induced to spread upward to the upper arm along the index finger through the wrist. The needle was totally retained in the acupoint for 30 minutes, during the process of retaining, it was manipulated with reducing technique once every 10 minutes. On withdrawal, it was shaken around and pulled out slowly in order to enlarge the hole and bleed a little.

Effect Observation: Under once the treatment, the headache was relieved greatly. After the second treatment, the headache disappeared immediately. Then he was told to continue the treatment by taking the Miraculous Pill of Ledebouriella. After half a year's follow-up, the illness didn't relapse, then it's end.

Case 2

Patient: Bian, female, age 19 years, college student.

Chief Complaint: Headache for 5 years, recurrence and aggravation for 4 days.

History of Present Illness: Five years ago, the patient always had a headache caused by her hard studying. When the attack came on, she fell into a trouble of distending pain over the both sides of occipitotemporal region, it seemed that her scalp was constricted firmly. It severely prevented her from studying as normal. So she had to have a rest for relieving it. Finally it was always induced by emotional tension or aggravated in her premenstrual period. She once went to the local hospital for treatment, the illness was diagnosed as “Angioneurotic Headache”, she was treated with oral taking some medicines such as “Oryzanol, VitB, Brufen and Piminodine”. Under the treatment, the symptom became sometimes mild and sometimes severe. 4 days ago, the headache relapsed because of her hard studying. She was annoyed by a distending pain and a bursting sensation in the both sides of head, accompanied with dizziness, fatigue, vomiting and anorexia. The headache was so severe that she couldn’t stand it. After taking the above medicines, the pain couldn’t be relieved yet. Then she came to this hospital for treatment on July 1, 1995. After the illness came on, her bowel motions and urination weren’t disturbed. But her appetite got poor and sleeping was bad. There was not other complaint.

Physical Examination: The patient was conscious with an acute painful complexion. Taut and uneven pulse, red tongue with a thin layer of yellow fur. Head was normal-shaped without tenderness. Pliable nape. Pathological reflex negative. Movement of neck unlimited. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Heart, both lungs and abdomen all normal. No other abnormal sign.

Diagnosis: Angioneurotic Headache.

Differentiation: This disease, in TCM, pertains to the category of “PianTouTong”. It was just Shaoyang headache, which was caused by the sthenic heat in liver and gallbladder. The pathogenic heat fled upward to the face along the meridians and obstructed the flowing passage of the regional meridian Qi. Therefore, the blockage of Shaoyang meridian Qi was caused, which resulted in the headache located in both temporal regions.

Therapeutic Principle: Relieving the secondary symptoms in the acute stage; dredging the obstructed Shaoyang meridian in order to relieve the headache immediately with acupuncture. Treating the primary symptoms in the chronic stage; after the headache was relieved, using pills or powder to expel the sthenic heat from the liver and gallbladder to eradicate this disease.

Acupuncture Treatment: TE2, YeMen of one side was selected for acupuncture. A 1.5 cun needle was inserted into the selected acupoint, the depth of insertion was about 6 ~ 7 fen. After the needling sensation appeared, the needle was manipulated with mild supplementing and reducing technique so that the needling sensation could be induced to spread upward to the upper arm along the gap between the third finger and the little finger, through the wrist and to the lateral forearm. The needle was retained in the acupoint for 30 minutes entirely, during the process of retaining, it was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was shaken around and pulled out slowly in order to enlarge the hole and bleed a little.

Effect Observation: Under once the treatment, the headache was relieved greatly. After the second treatment, the headache disappeared completely. Then he was told to continue taking the

Gentianae Pill for Purging Liver-fire. After half a year's follow-up, the illness didn't relapse, then it's end.

Case 3

Patient: Gan, male, age 20 years, college-student.

Chief Complaint: Dizziness and headache for 4 years, aggravation for 3 days.

History of Present Illness: Four years ago, the patient always suffered from a headache caused by hard studying. It was a constant dull pain and could be turned into a sharp prickling-like pain when the headache occurred severely. Usually, the affected region wasn't limited. When the attack came on, the patient had a heavy sensation of the head, accompanied with dizziness. After many times of treatment in the local hospital, it was diagnosed as "Angioneurotic Headache" through examination and he was treated with "Oryzanol, VitB, Brufen, Piminodine and Pills of Gastrodiae". The symptom got sometimes mild and sometimes severe. 3 days ago, it's near to the final, his hard-studying made the headache relapse. The patient had a distending pain all over the head accompanied with dizziness, fatigue, nausea and anorexia. It prevented him from normal studying. After taking the above medicines, the pain couldn't be relieved. Then he came here for treatment on June 30, 1994. After the illness came on, his defecation and urination weren't disturbed. But his appetite got poor and sleeping was bad. There was not other complaint.

Physical Examination: The patient was conscious with an acute painful complexion. Taut and thready pulse, light red tongue with a thin layer of white fur. Normal-shaped head without tenderness over the affected part. The nape wasn't stiff. Pathological

reflex negative. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Heart, both lungs and abdomen all normal. No other abnormal sign.

Diagnosis: Angioneurotic Headache.

Differentiation: This disease, in TCM, pertains to the category of “TouFeng” (head-wind syndrome). It was caused by upward attacking of wind evil, which attacked the head directly and caused obstruction of regional meridian Qi, the regional meridian Qi couldn't flow through the affected region smoothly as normal, so the patient had headache and dizziness; additionally, because the pathological characteristics of wind evil are sudden onset, changeability and tendency of wandering, headache occurred frequently and there were not settled affected regions.

Therapeutic Principle: Expelling wind evil and relieving the superficial syndrome, dredging the obstructed meridian, promoting intelligence and restoring consciousness, regulating the Qi and blood.

Acupuncture Treatment: GB20, FengChi of one side was selected for acupuncture. A 1.5 cun needle was inserted into the selected acupoint. The depth of insertion was 6 ~ 7 fen or so. The direction of the needle tip is toward the eye of the opposite side, twirling the needle lightly till the needling sensation appeared. The needle was then manipulated with mild reinforcing and reducing technique so as to induce the needling sensation to spread to the top of head and the occipitotemporal region of the same side, finally, the needle was retained in the acupoint for 30 minutes totally, during the process of retaining, the needle was manipulated with reducing technique once every 10 minutes. On withdrawal, it was shaken around and pulled out slowly in order to enlarge the hole. Subsequently, herb-cake moxibustion was immediately applied

on the punctured hole, (the herb-cake was made of a little of water and some powder of BoHe, Peppermint Herb and BingPian, Borneol, it's coin-shaped.), 8 moxa cones were used each time, performing such treatment once every day.

Effect Observation: After once acupuncture, his headache was relieved greatly, after twice acupuncture, his headache and dizziness disappeared completely. He was treated 6 times in total, and then there was not discomfort any more. After 3 months' follow-up, the illness didn't relapse, then it's end.

15. Nervous Insomnia

Case 1

Patient: Zhang, male, age 39 years, bus driver.

Chief Complaint: Insomnia for half a month.

History of Present Illness: About half a month ago, the patient suffered from insomnia because of overworking. When lying on bed, he turned around and around continuously all a night but he wasn't able to get to sleep yet. Sometimes, even he just got to sleep, he could be easily woken up by some slight sounds. Since the illness came on, he had been to a local hospital for treatment. The illness was diagnosed as "Nervous Insomnia" through physical examination, he was treated with oral taking "VitC, VitB₆ and Oryzanol". After 10 days' treatment, the insomnia didn't abate. So he asked me for treatment on August 18, 2002. After the illness came on, his appetite, sleeping, urination and defecation were all normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Floating, scattered and rapid pulse, light red tongue with a thin layer of white fur. No evident congestion in

the mucous membrane of the pharyngeal wall. Both tonsils swelling I°. Clear respiratory sounds in both lungs. No rhonchi and moist rales could be heard. Heart and abdomen all negative. No other abnormal sign.

Diagnosis: Nervous Insomnia.

Differentiation: This disease, in TCM, pertains to the category of “BuMei” (insomnia). It was caused by overworking, which disturbed the functional activities of heart and caused the imbalance between Qi and blood, so that the heart could not effectively govern the functional activities of spirit. As a result of it, the patient had the restlessness and insomnia.

Therapeutic Principle: Calming the disturbed heart, regulating the Qi and blood, tranquilizing the mind and resting the spirit.

Acupuncture Treatment: BL15, XinShu was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 1.0 cun. The needle was first manipulated with twirling and rotating technique so as to induce the needling sensation. After the needling sensation appeared, the needle was then manipulated with mild reinforcing and reducing technique for 3 or 4 times, finally, it was retained in the acupoint for 30 minutes totally. During the process of retaining, it was manipulated with mild reinforcing and reducing technique once every 10 minutes. On withdrawal of the needle, it was gently twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: Under once such acupuncture, the patient had a smooth and sound sleeping at that night. After 5 times' acupuncture, his sleeping was normalized completely. He could favorably get to sleep 6 ~ 7 hours every night. After 1 month's

follow-up, he was in good health all along, then it's end.

Case 2

Patient: Wang, female, age 43 years, doctor.

Chief Complaint: Insomnia for 2 months.

History of Present Illness: Two months ago, the patient suffered from insomnia without any obvious causes. When she was lying on bed, she turned around and around and thought over and over all a night but couldn't get to sleep at all. Sometimes, even just being in sleeping, it's very easy for her to be woken up by a slight sound. During the daytime, she became spiritless and suffered from headache, dizziness and weakness of whole body. Since the illness came on, she had been to the local hospitals for treatment. The illness was diagnosed as "Nervous Insomnia" through some medical examinations, she was treated with oral taking some medicines, but the curative effect was very faint, she still suffered from the illness as before. At last, she had to be treated with some sleeping pills such as "Diazepam" and "Meprobamatum". During the period of taking the pills, she could get a half-ameliorated sleeping in the nighttime. While she got an aggravated headache with lassitude and fatigue in the daytime. Then she asked me for treatment on October 18, 2002. After the illness came on, her appetite, sleeping, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was spiritless with a normal general condition. Floating, thready and taut pulse, red and thin tongue with a thin layer of white fur. No evident congestion in the mucous membrane of the pharyngeal wall. Both tonsils swelling I°. Clear respiratory sounds in both lungs. No rhonchi and moist rales could be heard. Heart and abdomen all negative. No other

abnormal sign.

Diagnosis: Nervous Insomnia.

Differentiation: This disease, in TCM, pertains to the category of “BuMei” (insomnia). It was caused by upward attack of asthenic Yang, which disturbed the spirit and caused the functional activities of cerebra were out of the normal way, therefore, the patient became spiritless in the daytime while had restlessness and insomnia in the nighttime.

Therapeutic Principle: Sending the up-flaming fire downward, calming the disturbed Qi and blood, tranquilizing the mind and resting the spirit.

Acupuncture Treatment: KI1, YongQuan was selected for herb-cake moxibustion. The prescription of herb-cake was as below:

NiuXi, Achyranthes Root 30g

HuPo, Amber 10g

YeJiaoTeng, Fleece-flower Stem 25g

The above herbs were all ground into fine powder and mixed together. When used, some mixed powders were mixed together with some water and flour to make out a coin-shaped herb-cake, one herb-cake was set at the acupoint of KI1, YongQuan in order to be baked with a firing moxa roll, performing such herb-cake moxibustion 25 minutes each time, once a day. The treatment should be started at the time 40 minutes before her sleeping.

Effect Observation: Under once such moxibustion, her sleeping became smooth and sound at that night. After 15 days' treatment of herb-cake moxibustion, her sleeping was completely normal. She could fall asleep successfully. Her sleeping could last for about 6 ~ 7 hours in every night. There was no longer dizziness and headache, the patient felt more energetic than before and her

spirit got better obviously in the daytime. After 2 months' follow-up, the patient was in good health all along and the illness didn't relapse. Then it's end.

16. Bout of Epilepsy

Case

Patient: Wu, female, age 35 years, accountant.

Chief Complaint: Repeated convulsion for 6 years, recurrence for 15 minutes.

History of Present Illness: Six years ago, the patient was attacked by abrupt onset of paroxysmal convulsion without any obvious causes. When it was occurring, her forearms flexed back and her neck got stiff, more characteristically, her body bent backward and became opisthotonoid with lockjaw and up-staring eyes. Usually its each onset persisted for about 3 ~ 5 minutes, accompanied by temporary loss of consciousness and memory. Since the illness came on, she had been to several hospitals for treatment. Through some relative medical examinations, it was confirmed as "Epilepsy", then she was usually treated with oral taking some antiepileptic drugs. Under the treatment, the symptom became sometimes mild and sometimes serious. Nevertheless, it would relapse immediately as soon as she was in overworking or mental tenseness. 15 minutes ago, she suffered from the recurrence again because of her mental tenseness. Her forearms flexed back and the hands fisted firmly with stiff neck, lockjaw, up-staring eyes and the characteristic opisthotonos position. Then her family member asked me for treatment on April 24, 1993. After the illness came on, her appetite, sleeping, bowel motions and urination were all normal all along. There was not other complaint.

Physical Examination: The patient was unconscious, her forearms flexed back and the hands fisted firmly with stiff neck, lockjaw, up-staring eyes and the characteristic opisthotonos position. At that time, there was no enough time to examine the pulse, the tongue, both lungs, the heart and the abdomen because of the emergency. No other abnormal sign.

Diagnosis: Bout of Epilepsy.

Differentiation: This disease, in TCM, pertains to the category of “XianZheng” (epilepsy). It was caused by the blockage of meridian Qi in the cerebral meridian passage, which obstructed the cerebral meridian passage and caused the turbid Yin-Qi could not descend from the cerebra and the clean Yang-Qi could not ascend to the cerebra. Therefore, there was the reversal of clean Qi and turbid Qi, which disturbed the functional activities of the cerebra and defeated the spirit, so the patient lost her consciousness and got the convulsion.

Therapeutic Principle: Relieving the secondary aspect in the acute stage; rapidly invigorating Qi in order to dredge the obstructed Governor Vessel, ascending the Yang-Qi and descending the turbid materials, suppressing the endogenous wind evil in order to stop the convulsion, restore the consciousness and tranquilize the mind. Treating the primary aspect in the chronic stage; when the convulsion was relieved, warming and dredging the meridian in order to ascend the clean Yang-Qi, descend the turbid Qi more effectively and regulate the blood and Qi.

Acupuncture Treatment: GV14, DaZhui was selected for acupuncture. A 1.5 cun needle was inserted perpendicularly into the selected acupoint. The needle was manipulated with twirling and rotating technique so as to induce the needling sensation to spread

upward to the top of the head and the neck, and then downward to the back at the same time. The needle was retained in the acupoint for 30 minutes totally. During the process of retaining, after the convulsion was stopped, the needle was continuously baked with a firing moxa-roll, the warming sensation would spread to the neck and back along the meridian.

Effect Observation: After 1 ~ 2 minutes' above acupuncture, the convulsion was stopped at once and her consciousness got restored. In the following 20 days, the patient was treated by the above warming needle method once a day, therefore the illness didn't relapse any more. After 4 months' follow-up, the illness didn't relapse all along, then it's end.

Chapter Two Surgical Diseases

1. Carcinomatous Pain

Case 1

Patient: Ye, female, age 57 years, worker.

Chief Complaint: Pain of sinister upper abdomen for half a year, aggravation for 2 months.

History of Present Illness: Half a year ago, the patient had a pain in the sinister upper abdomen without any obvious causes. At the beginning, it was a dull pain occurring sometimes mildly and sometimes severely, but its occurring and aggravation were not relative to her daily diet. Later on, it turned into a paroxysmal pain in the sinister upper abdomen. Moreover, it got worse and worse in the recent 2 months. Then she went to the local hospital for treatment. Through some relative medical examinations, it was diagnosed as "Carcinoma of Stomach". More troublesomely, it was

confirmed as “Advanced Stage of Gastric Carcinoma” that had lost the opportunity of operation through exploratory laparotomy. So that she had to be treated by the palliative treatment and supporting treatment. During the process of the treatment, the abdominal pain progressively aggravated, she suffered from the serious pain so much that she often tore and bit her bedclothes and her body was often wetted by sweat. Because the insufferable pain could not be effectively relieved by intramuscular injecting the anodyne, her son asked me for treatment on December 23, 1993 through somebody. After the illness came on, the patient lost her appetite and got a disturbed sleeping, while her urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was conscious and spiritless with an emaciated, painful, sallow and lusterless complexion. Tense, uneven, deep and slow pulse. Dark red tongue with a thick layer of white fur. The forehead was covered with sweat. She was in constant groaning and moaning. Pharynx normal. Two soybean-shaped and tenacious-textured lymph nodes in the sinister supraclavicular region, which couldn't be freely moved and divided from their adjacent tissue unclearly, If touched upon, prominent tenderness appeared. No other abnormal sign. Both lungs all clear to auscultation. Some scattered rhonchi could be heard occasionally. HR at 68 beats/min, cardiac rhythm regular. No systolic or diastolic murmur could be heard. A 10 cm long longitudinal scab was seen on the skin of the sinister upper abdomen, regional tenderness was present, but rebound tenderness and muscular tension were all negative. Liver and spleen inpalpable in the both inferocostal region. No other abnormality present.

Pathologic Examination: Numerous adenocarcinoma cells

were seen through microscopic examination, it suggested gastric adenocarcinoma.

Diagnosis: Advanced Stage of Gastric Carcinoma.

Differentiation: This disease, in TCM, pertains to the category of “YeGe” or “WeiWanTong” (dysphagia or stomachache). It was caused by the accumulation of carcinomatous toxin in the middle energizer, which obstructed the passage of the gastrosplenic Qi and defeated the functional activities of the gastrosplenic Qi. So that there was stagnation of the gastrosplenic Qi, which was reflected by the severe stomachache. In this case, the primary was the accumulation of carcinomatous toxin while the secondary was the stagnation of the gastrosplenic Qi. Besides, because the carcinomatous toxin had invaded the viscera, the meridians, the Qi and blood very deeply, in fact, it's just a crisis that was prominently characterized by asthenia of healthy Qi and sthenia of carcinomatous toxin.

Therapeutic Principle: Invigorating the asthenic healthy Qi and venting the sthenic carcinomatous toxin, promoting the functional activities of the gastrosplenic Qi and releasing the stagnation of the gastrosplenic Qi, dredging the obstructed meridian in order to relieve the stomachache palliatively.

Acupuncture Treatment: ST36, ZuSanLi was selected for acupuncture. A 1.5 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 1.2 cun or so, twirling the needle lightly till the needling sensation appeared. The needle was then manipulated with mild reinforcing and reducing technique so as to induce the needling sensation to spread downwards along the anterior aspect of the tibia, continuously, it was manipulated with the technique of Yang hiding in Yin (containing

the therapeutic intention of reinforcing effect precisely residing in the reducing effect) and then retained in the acupoint for 30 minutes totally. During the process of retaining, the needle was manipulated with the technique of Yang hiding in Yin once every 10 minutes. On withdrawal of the needle, it was twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly. Such acupuncture was performed once every day.

Effect Observation: Under once such acupuncture, the stomachache was quickly relieved, then the patient could sleep smoothly and steadily. She was treated by such acupuncture for 9 times in total, the first 8 times' acupuncture successfully stopped the stomachache while the 9th acupuncture ended in failure. It indicated the healthy Qi had been extremely asthenic and the illness could not be relieved any more, so that I declined their invitation for continuous treatment. 5 days later, the patient died of abdominal pain and exhaustion.

Case 2

Patient: Sun, male, age 83 years, peasant.

Chief Complaint: Sore throat for 2 months, hemoptysis for 1 month.

History of Present Illness: Two months ago, the patient suffered from sore throat without any obvious causes. At the beginning, it seemed that something obstructed his throat, which caused he got a prickling pain when speaking or swallowing. Later on, the pain got worse and worse and then became continuous soreness of throat, it severely prevented him from speaking and eating as normal. 1 month ago, he had hemoptysis, the blood was fresh red in colour and he usually expectorated one big teacup of

blood each day, then he was sent to a local hospital and treated with intravenous dripping some antibiotics and taking some oral containing pills, but the curative effect was not really prominent. He had to be sent to a hospital in Nanjing for treatment. Through some relative medical examinations such as exfoliative cell examination of sputum, etc, the illness was finally diagnosed as "Advanced Stage of Laryngocarcinoma". Because the patient had been in old age and poor health, the doctors in the hospital considered that he had lost the opportunity to accept chemotherapy or operation treatment, therefore, the doctors all suggested he should stay at home for recuperation. However, when he returned home, the sore throat occurred severely and he expectorated blood frequently, so that he could not sleep at all throughout night. Moreover, he could not have daily meal as normal, only by taking some noodles soup or rice soup, was he maintained with great difficulties. On December 1, 1994, his son asked me for treatment through somebody. After the illness came on, his urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was in consciousness and extremely spiritless. Emaciated, sallow and lusterless complexion. Groaning and moaning continuously. The major muscles all over the body had been atrophied. Thready, soggy and slow pulse. Scarlet tongue without fur, being glabrous just as a mirror. The mucous membrane of the retropharyngeal wall was obviously being in chronic congestion, which was dark red in colour. Both tonsils swelling II° with some exudate attached. Some congestive, scarlet streaks were clearly seen on the surface of the pharyngeal wall. Breathing sounds in both lungs were all harsh. Some scattered rhonchi could be heard occasionally. HR at 70

beats/min, cardiac rhythm regular. A 2/6 mild blowing systolic murmur was heard at the apex. The abdomen negative. No other abnormality present.

Laboratory Test: CEA : 55 μ g.

Exfoliative Cell Examination of Sputum: Numerous squamous carcinoma cells were seen under microscopic examination. It suggested squamous carcinoma.

Diagnosis: Advanced Stage of Laryngocarcinoma.

Differentiation: This disease, in TCM, pertains to the category of "LanHou, HouJun" (erosive pharynx, carcinoma of the throat). It was a crisis of excessively consuming of healthy Qi and unavoidable divorce of Yin and Yang, which were all caused by the accumulation of carcinomatous toxin. In this case, the healthy Qi was extremely asthenic while the evil was much more sthenic, the carcinomatous toxin had invaded the viscera, the meridians, the Qi and blood very deeply, thereby, all the major muscles all over the body were atrophied, both Qi and Yin were all excessively consumed. In addition, the carcinomatous toxin accumulated together in the throat and then rotted the throat, so that the patient suffered from the severe soreness of throat and hemoptysis.

Therapeutic Principle: Retrieving the crisis and saving Yin, counteracting the carcinomatous toxin and dredging the obstructed meridians and collaterals, easing the sore throat and prolonging life.

Acupuncture Treatment: KI6, ZhaoHai was selected for herb-cake moxibustion. According to NaZi method of Midnight-noon ebb-flow and then following its principle of reinforcing the deficient healthy Qi in the insufficient case, Xu o'clock (about 19:00 o'clock ~ 21:00 o'clock) was chosen as the therapeutic period, for when the Qi and blood flowed through the Kidney Meridian of Foot-Shaoyin

just now, the Qi and blood of the Kidney Meridian is most insufficient at Xu o'clock, so that it's the most suitable time to reinforce the Qi and blood of the Kidney Meridian in the maximum degree. The prescription of the herb-cake was as below:

NiuXi, Achyranthes Root 30g

BingPian, Borneol 15g

ShuDiHuang, Prepared Rehmannia Root 100g

NiuXi, Achyranthes Root and BingPian, Borneol were all ground into fine powder and mixed together. ShuDiHuang, Prepared Rehmannia Root was pounded in a mortar with some yellow rice wine together. When used, some mixed powder and some pounded ShuDiHuang, Prepared Rehmannia Root were mixed together with some water and flour to make out the coin-shaped herb-cake. One herb-cake was set onto the acupoint of KI6, ZhaoHai in order to have herb-cake moxibustion, performing such moxibustion 30 minutes each time, once a day at Xu o'clock. At the same time, the patient was treated with some special Chinese herbs pills manufactured by myself to kill the carcinoma cells and benefit the healthy Qi.

Effect Observation: Under once such treatment, the soreness of throat was quickly relieved, then the patient didn't suffer from the sleepless night any more and could sleep smoothly and steadily throughout night. After 6 days' treatment of herb-cake moxibustion combined with Chinese herbs, the hemoptysis disappeared completely, after 22 days' treatment, there was not discomfort any more, the patient could get up, walk about and bask in the sun. Moreover, he could have the pork-liver noodles and milk just as normal. He was treated by me for 60 days in total, thereby, he could do some common daily working. However, it was about to be the

Spring Festival at that time, his family was very superstitious, they considered that it's not lucky to take Chinese herbs and perform the herb-cake moxibustion during the Spring Festival, so that they stopped all the treatment behind me. Half a month later, the patient died of serious sore throat and hemoptysis.

2. Renal Colic

Case 1

Patient: Xu, male, age 32 years, worker.

Chief Complaint: Severe lumbago accompanied with hematuria for 4 hours.

History of Present Illness: Four hours ago, the patient was attacked by severe lumbago accompanied with hematuria without any obvious causes. It was a severe distending pain and occurred sometimes mildly and sometimes severely, radiating downward to the lower abdomen and perineum along the dextral side of abdomen. More characteristically, his urinating could aggravate the lumbago. His urine was pinkish in colour just like meat-washing water, but there were not frothy urine, tawny urine and so on. As soon as the illness came on, the patient was immediately sent to a local hospital. Through some relative examinations, it was diagnosed as "Ureteral Stone", he was then treated with some antibiotics and antispasmodics for 4 hours. But the treatment was not effective against the illness, he still suffered from the severe lumbago. Moreover, he urinated twice during the treatment, the urine remained pinkish in colour just as meat-washing water. Then he asked me for treatment through one of my friends on October 16, 1993. After the illness came on, his appetite and defecation were all normal, while his sleeping was severely disturbed by the serious

lumbago. There was not other complaint.

Physical Examination: The patient appeared lucid with an acute painful complexion. His body bent over just as a shrimp. The head was wet by his excessive sweating, he was groaning and moaning continuously. Light red tongue with a thin layer of white fur. Float and tense pulse. Heart and lungs all negative. Flat and soft abdomen with prominent tenderness over the regions along the distributing line of the dextral ureter. Rebound tenderness and muscular tension wasn't positive. Spleen and liver impalpable below the dextral and sinister costal margin. No other abnormal sign.

Routine Urine Examination: RBC (+ + + +), no other abnormal results present.

Examination of Ultrasonogram B: A mass of strong echo whose size was 0.7cm × 0.4cm was explored out at the middle of the dextral ureter. Hydronephrosis of dextral kidney was found too, whose depth was 3.2cm. No other abnormality present. All these signs indicated ureteral stone.

Diagnosis: Ureterolith.

Differentiation: This disease, in TCM, pertains to the category of “ ShiLin, XueLin, FuTong ” (stony stranguria, bloody urine, abdominal pain). It was caused by the stone in the urine, which floated around with the flowing of urine and then obstructed the meridian passage of Qi in the lower abdomen and the waist, thereby the stagnancy of meridian Qi was caused. As to the meridian Qi, where there is obstruction, there is a pain. So that the patient experienced the severe lumbago radiating downward to the lower abdomen and perineum along the dextral side of abdomen. In addition, the stagnancy of functional activities of Qi in the lower abdomen would aggravate the stagnant fire transpiring upward,

which burnt the regional meridians and collaterals and then disturbed the normal flowing of blood. As a result of it, the constant hematuria was caused.

Therapeutic Principle: Dredging the obstructed meridian and collateral, activating the stagnant Qi and clearing away heat evil, expelling the stone and alleviating the pain.

Acupuncture Treatment: SP6, SanYinJiao of the dextral side was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 1.2 cun. The needle was first manipulated with lifting and thrusting technique in order to induce the needling sensation, after the needling sensation appeared, it was manipulated with reducing technique so as to induce the needling sensation to spread upward and downward over the whole calf, (sometimes the needle sensation could radiate upward to the perineum and lower abdomen). The needle was retained in the acupoint for 30 minutes totally, manipulating the needle with reducing technique once every 10 minutes.

Effect Observation: After performing such treatment for 10 minutes, the severe lumbago was relieved greatly, he did not groan and moan any more. 15 minutes after the acupuncture, the patient thereby had impulsion of micturition and then a soybean-sized stone was ejected out. Then it's end.

Case 2

Patient: Bao, male, age 43 years, individual peddlery.

Chief Complaint: Severe lumbago for 2 days.

History of Present Illness: Two days ago, the patient suffered from severe lumbago without any evident causes. It was a severe

distending pain and occurred sometimes mildly and sometimes severely, radiating downward to the lower abdomen and perineum along the both sides of abdomen. As its character, his urinating could aggravate the lumbago. As soon as the illness came on, the patient went to a local hospital for treatment. Through some relative examinations, it was diagnosed as “Nephrolithiasis”, he was then treated with some antibiotics and antispasmodics for 2 days. But the treatment was not effective against the illness, he still suffered from the severe lumbago very much. Then he came to me for treatment on January 16, 2000. After the illness came on, his appetite and bowel motions were all normal, but he felt that it's difficult for him to smoothly urinate as normal, for the lumbago was always aggravated by his urination, meanwhile, in the recent 2 days, his sleeping was severely disturbed by the serious lumbago. There was not other complaint.

Physical Examination: The patient was conscious with an acute painful complexion. His body bent over just as a shrimp. The head was wet by his excessive sweating, he was being in continuous groaning and moaning. Light red tongue with a deep layer of white fur. Deep and tense pulse. No abnormality in heart and lungs. Flat and soft abdomen with tenderness over the regions along the distributing lines of both ureters. Percussion tenderness over kidney regions was positive. Rebound tenderness and muscular tension was not present. Spleen and liver impalpable below the dextral and sinister costal margin. No other abnormality present.

Routine Urine Examination: RBC(+ +), PC(+). No other abnormal results present.

Examination of Ultrasonogram B: A 1.2cm × 1.0cm sized mass of strong echo was explored out in the dextral renal pelvis. Two

pieces of strong echo whose size was respectively 0.8cm × 0.8cm and 0.6cm × 0.8cm were found in the sinister renal pelvis and the inlet of sinister ureter. Hydronephrosis of both kidneys was also found, whose depth was respectively 3.6cm in the sinister and 2.6cm in the dextral. No other abnormality present. All these signs indicated that there were stones in both kidneys.

Diagnosis: Nephrolithiasis.

Differentiation: This disease, in TCM, pertains to the category of “ShiLin, FuTong” (stony stranguria, abdominal pain). It was caused by the latent heat evil in the kidneys, which continuously and excessively decocted the urine for years and then some turbid materials in the urine accumulated together and became the stones in the kidneys. The stones floated around with the flowing of urine and then obstructed the meridian passage of Qi in the lower abdomen and the waist. So that the patient had the severe lumbago radiating downward to the lower abdomen and perineum along the both sides of abdomen. In this case, the latent heat evil in kidneys was the primary aspect while the stagnancy of meridian Qi caused by the stones was the secondary aspect, actually, it's just the syndrome of simultaneous sthenia in the primary and secondary together.

Therapeutic Principle: Dredging the obstructed meridian and clearing away heat evil, activating Qi and relieving pain, removing the accumulation and dissolving the stones, inducing diuresis in order to clear away the turbid materials in the urine.

Acupuncture Treatment: LR6, ZhongDu was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 1.2 cun. The needle was first manipulated with lifting and thrusting technique in

order to produce the needling sensation, after the needling sensation appeared, it was manipulated with reducing technique in order to induce the needling sensation to spread upward over the whole calf, furthermore, to perineum and lower abdomen, at the same time, the needling sensation was induced to spread downward to the ankle joint. Finally, the needle was retained in the acupoint for 30 minutes in total, manipulating the needle with reducing technique once every 10 minutes. In addition, the patient was told to take the Miraculous Bolus for dissolving the stone manufactured by myself.

Effect Observation: After performing such treatment for 10 minutes, the severe lumbago was alleviated greatly. After 30 minutes' acupuncture, the pain disappeared completely. After 2 days' above treatment, the lumbago did not relapse any longer. He was treated for 15 consecutive days, reexamination of ultrasonogram B revealed that the stones and the hydronephrosis in both kidneys all disappeared. Then it's end.

3. Pain of Testis

Case 1

Patient: Xu, male, age 33 years, teacher.

Chief Complaint: Pain of testis for 3 hours.

History of Present Illness: Three hours ago, the patient was hit by a flying football on his perineum. Immediately he got a so severe pain in his both testis that he couldn't stand it. The pain radiated upward to the lower abdomen and the waist. Then he was quickly sent to the surgery department of a local hospital. Through some relative examinations, no organic damnification was found, he was then treated with some anodyne such as "Brufen" and Chinese patent medicine such as "Pill of Notoginseng". After using the

medicines, the insufferable pain could not be alleviated yet, he still suffered from the severe pain very much. Then he came to me for treatment on May 12, 1997. After the illness came on, there was not other complaint.

Physical Examination: The patient was conscious with an acute painful complexion and sweat-wetted head, he was in continuous groaning and moaning. Light red tongue with a thin layer of white fur. Taut, uneven and rapid pulse. No abnormality in heart and lungs. Flat and soft abdomen without tenderness and rebound tenderness. Appearance of pudendum normal, while the skin was extensively congestive. Prominent tenderness was positive in both testis. No other abnormality present.

Diagnosis: Contusion of Testis.

Differentiation: It was caused by the accidental external force, which suddenly hit the perineum and severely disarranged the flowing of regional meridian Qi and blood. The regional meridian passage was then obstructed and the regional meridian Qi and blood could not smoothly pass through the affected region as normal because of the blood stasis and Qi-stagnancy. According to the theory of meridian, the Liver Meridian of Foot-Jueyin curves around the external genitalia and then goes up to the lower abdomen, so that this case was just the syndrome of Qi-stagnancy and blood stasis in Liver Meridian of Foot-Jueyin in fact. Where there is obstruction, there is a pain. Thereby, the patient suffered from the insufferable pain in his perineum.

Therapeutic Principle: Dredging the obstructed meridian and collateral, promoting blood circulation and activating the stagnant Qi, removing the blood stasis in order to alleviate the pain.

Acupuncture Treatment: LR6, ZhongDu was selected for

acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 1.2 cun. The needle was first manipulated with lifting and thrusting technique in order to produce the needling sensation, after the needling sensation appeared, it was manipulated with reducing technique so as to induce the needling sensation to spread upward and downward over the whole calf, (sometimes the needle sensation could radiate upward to the perineum and lower abdomen.) Finally, the needle was retained in the acupoint for 30 minutes in total, manipulating the needle with reducing technique once every 10 minutes.

Effect Observation: Under once the above treatment, the pain was greatly relieved at once. The patient could stand and walk as normal without any uncomfortable sensation. Under twice such treatment, the pain disappeared completely. After 6 days' follow-up, the patient was in good health all along, then it's end.

Case 2

Patient: Luo, male, age 27 years, teacher.

Chief Complaint: Distending pain of testis for 6 days.

History of Present Illness: Six days ago, the patient was attacked by distending pain of testis without any evident causes. At the beginning, he merely felt a little distending pain in the external genitalia. Later on, the distending pain became more and more prominent. So that he would get an immediate discomfort as soon as his underclothes touched the external genitalia, it severely prevented him from sitting and walking as normal. Then he had to go to a hospital in Nanjing for treatment, through some relative examinations, it was diagnosed as "Chronic Epididymitis", he was treated with oral taking "Tab. Erythromycini Ethylsuccinatis,

Tab. Lincomycini". After 1 week's treatment, the symptom did not abate. Then he came to this hospital for treatment on April 11, 1997. During his illness, his appetite, sleeping, urination and defecation had been all normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. The body of tongue dark red in colour, the tip and the middle of the tongue were all covered with a thin layer of whitish fur, while the root was covered with a greasy layer of yellowish fur. Deep, uneven and taut pulse. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Heart, lungs and abdomen all negative. Appearance of pudendum normal. Prominent tenderness present in both testis, especially in the epididymides. No other abnormal sign.

Diagnosis: Chronic Epididymitis.

Differentiation: This disease, in TCM, pertains to the category of "ZiYong" (epididymitis). It was caused by downward attack of dampness-heat evil, which fumigated and burnt the Liver Meridian of Foot-Jueyin and blocked the meridian passage, thereby there were stagancy of Qi and blood stasis in the Liver Meridian of Foot-Jueyin, so that the patient had the distending pain of the testis.

Therapeutic Principle: Clearing away heat evil and eliminating dampness evil, dredging the obstructed meridian and collateral, removing the blood stasis in order to alleviate the pain.

Acupuncture Treatment: LR1, DaDun of one side was selected for herb-cake moxibustion and blood-letting with a three-edged needle. When performing the treatment, the patient's leg was pressed downward from the knee to the ankle in order to make the foot congestive. Then LR1, DaDun of the side was punctured with a three-edged needle in order to bleed a little. After a little of

dark-coloured blood was dropped down, the colour of the blood would become fresh red gradually, at that time, the hole should be pressed firmly with a cotton ball in order to stop bleeding in time. Afterward, herb-cake moxibustion was employed immediately. The prescription of the herb-cake was as below:

NiuXi, Achyranthes Root 30g

QiYeYiZhiHua, Windpipe Trachea 25g

BingPian, Borneol 15g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some water, flour and mashed garlic to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes totally, performing such blood-letting therapy and herb-cake moxibustion once a day. In addition, the patient was told to orally take the "Pill of Gentian Root for clearing away heat-evil from liver" for reinforcing clearing away heat-evil, eliminating toxic material and dampness.

Effect Observation: Under once the above treatment, the pain was greatly relieved at once. Under 3 times' treatment, the pain disappeared completely. After 10 days' treatment, the patient was cured. After 3 months' follow-up, the patient was in good health all along, then it's end.

4. Tremor of Fingers

Case

Patient: Yang, male, age 57 years, retired teacher.

Chief Complaint: Tremor of the dextral hand for 4 years.

History of Present Illness: Four years ago, the patient suffered from tremor of the dextral fingers without any obvious causes. At the

beginning, it merely occurred only after doing some heavy working. Later on, its occurrence appeared more and more frequent when he performed some tiny actions such as writing, counting and so on. Characteristically, the manifestation belonged to the exiguous tremor, his dextral fingers often being in small tremor, it wasn't accompanied by convulsion of limbs, sensory numbness and so on. Since the illness came on, he had been to several hospitals in Nanjing for treatment. After some relative examinations, it was diagnosed as "Tremor of Fingers". He was then treated by many kinds of western medicines and Chinese herbs, but the symptom couldn't be relieved, moreover, it became worse and worse gradually. In the past 2 years, the symptom was aggravated obviously. Formerly, the tremor occurred intermittently, but now, it occurred constantly. Especially the severe tremor of dextral fingers prevented him from writing and working as normal, it caused he could not give a lesson to his students, so that he had to retire in advance. In the recent one year, the symptom was progressively aggravated, therefore, he completely lost the ability to do any common daily working by himself: when he was in washroom, he couldn't untie and tie the girdle; when he had a meal, he couldn't steadily manipulate the chopsticks, when he was drinking tea, the tremor of fingers often shook the cup so severely that the water often wetted his clothes. Then he came to me for treatment on July 12, 1992. After the illness came on, his appetite, sleeping, urination and bowel motions were all being in normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Light red tongue with a thin layer of white fur. Thready and uneven pulse. No evident congestion in pharyngeal

wall. Both tonsils swelling⁺. Both lungs all clear to auscultation. No rhonchi and moist rales present. No abnormality in heart and abdomen. The fingers of dextral hand were all normal in shape and structure, while continuous exiguous tremor could be seen obviously, which prevented him performing some tiny actions such as writing, buttoning, tying etc. The sense of each finger was normal. No other abnormal sign present.

Diagnosis: Tremor of Fingers.

Differentiation: This disease, in TCM, pertains to the category of “ChanZhen, ShangJin” (tremor, injury of tendon). It was caused by deficiency of Qi and blood resulting from consenesence. When a person is older in age, correspondingly, its Qi and blood would become more deficient, the deficient Qi and blood couldn't effectively nourish the tendons as normal, then the functional activities of tendons were out of the normal way and the patient had the tremor of fingers.

Therapeutic Principle: Dredging the obstructed meridian and collateral, nourishing blood and activating blood flowing, strengthening tendon in order to stop the tremor.

Acupuncture Treatment: PC3, QuZe of the dextral side was selected for acupuncture and herb-cake moxibustion. At first, a 1.5 cun needle was perpendicularly inserted into the selected acupoint, the depth of insertion was about 1.0 ~ 1.2 cun. (just away from ulnar artery, radial artery, median vein and median nerve in the median part of the elbow.) The needle was first manipulated with twirling and rotating technique in order to induce the needling sensation, after the needling sensation appeared, it was manipulated with reinforcing technique so as to induce the aching and heaviness needling sensation to spread around the joint of the dextral elbow,

and radiate downward to the whole forearm. At last, the needle was retained in the acupoint for 30 minutes totally. During the process of retaining, the needle was regularly manipulated with the reinforcing technique once every 10 minutes. On withdrawal, it was gently twirled around and then pulled out rapidly, the inserted hole was immediately pressed firmly. Afterward, the herb-cake moxibustion was employed immediately. The prescription of the herb-cake was as below:

DangGui, Chinese Angelica Root 30g

SheXiang, Musk 1g

GuiZhi, Cinnamon Twig 15g

JiXueTeng, Spatholobus Stem 50g

JiangHuang, Turmeric Rhizome 20g

TianMa, Gastrodia Tuber 20g

DiLong, Earthworm 15g

BaiJiangCan, Batryticated Silkworm 25g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some flour, ginger juice to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes in total, performing such acupuncture and herb-cake moxibustion once a day.

Effect Observation: After 5 days' treatment, the tremor of dextral fingers was alleviated greatly, now he could freely untie and tie the girdle when he was in washroom, moreover, it's not difficult for him to steadily manipulate the chopsticks when he had a meal. All these signs indicated the treatment was effective against the illness, so it's necessary to continue the treatment. After 20 days' treatment, the patient could accomplish some common daily working

by himself, it's not difficult for him to have a meal, drink water or go to washroom any more. Then I stopped the acupuncture and told him to continue performing the herb-cake moxibustion by himself. Through 1 year's follow-up, it was found that the patient was in good health all along, the illness wasn't aggravated any more, then it's end.

5. Scapulohumeral Periarthritis

Case 1

Patient: Wang, male, age 34 years, driver.

Chief Complaint: Pain of dextral shoulder and neck for 15 days.

History of Present Illness: Fifteen days ago, the patient suffered from pain in the dextral shoulder joint and neck due to being blown directly by cold wind when he was driving. Then it was difficult for him to lift and abduct the dextral shoulder, so that he himself couldn't comb his hair or dress himself. Furthermore, an aching pain was also present in the dextral neck, which caused the neck became rigid, as if being bound by something, thereby, he could not freely rotate his head as normal. Since the illness came on, he had been to a local hospital for treatment. After some relative examinations, it was diagnosed as "Scapulohumeral Periarthritis". He was then treated by acupuncture, the used acupoints were LI4, HeGu; LU7, LieQue; LI11, QuChi; LI15, JianYu; TE14, JianLiao and so on. After more than 10 days' treatment, those symptoms weren't alleviated yet, he couldn't comb his hair and dressed himself either. Then he asked me for treatment on October 21, 1996. After the illness came on, his urination, defecation and appetite, sleeping were all in normal. There wasn't other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Light red tongue with a thin layer of white fur. Floating, tense and uneven pulse. No evident congestion in pharyngeal wall. Both tonsils swelling I°. No abnormality in heart, abdomen and both lungs. The dextral upper arm, shoulder joint and neck were all normal in shape and structure. Evident tenderness was positive over the anterior aspect of the dextral shoulder joint and the dextral neck, accompanied with muscular tension. The motion of lifting and abduction of the shoulder was limited, rotating neck and lifting head were all limited too. No other abnormality present.

Diagnosis: Scapulohumeral Periarthritis.

Differentiation: This disease, in TCM, pertains to the category of “BiTong” (pain due to obstruction of Qi and blood). Formerly, it was caused by the attack of the exterior wind-cold evil, which attacked the meridian of the shoulder and inhibited the flowing of meridian Qi and blood, thereby, there were blood stasis and stagnancy of meridian Qi in the affected regions. According to the theory of meridians, the anterior and median parts of shoulder, the lateral parts of neck are all the passage of the Triple Energizer Meridian of Hand-Shaoyang, so that actually this case was just the syndrome of Qi-stagnancy and blood stasis in the Triple Energizer Meridian of Hand-Shaoyang caused by the attack of wind-cold evil from the exterior. The former acupuncturist who he had asked neither familiarly master the distributing line of meridians nor deeply comprehend the syndrome-differentiation of meridians, so that he couldn't correctly recognize the syndrome and then selected the improper acupoints for the illness. Essentially, the illness involved the Shaoyang meridian, however, the former therapeutic intention aimed at the Yangming meridian. Although the used

acupoints were numerous in amount, while the treatment finally ended in failure. As to an acupuncturist, he (or she) must know that: employing acupoints is just like employing army, the pivotal thing of employing army is one not of amount but of exactness, for exact striking the nubbin could directly lead to capot; the pivotal thing of employing acupoints is also one not of amount but of exactness, for exact treatment aiming at the pathogenesis could directly achieve success by surprise tactics. As for why the previous acupuncture treatment ended in failure although it took many days and many acupoints were employed, it was just caused by the wrong syndrome-differentiation and the improper selected acupoints.

Therapeutic Principle: The acupoint of the Triple Energizer Meridian of Hand-Shaoyang should be selected for dredging the obstructed meridian passage, activating the stagnant meridian Qi and blood flowing in order to relieve the shoulder pain quickly.

Acupuncture Treatment: TE2, YeMen of one side was selected for acupuncture. A 1.5 cun needle was inserted into the selected acupoint. The depth of insertion was about 1.0 cun so as to stimulate the acupoint of TE3, ZhongZhu at the same time. After the needling sensation appeared, the needle was manipulated with mild reinforcing and reducing technique in order to induce the needling sensation to spread upward along the gap between the 3rd and the little finger, through the back of hand and to the lateral forearm. The needle was retained in the acupoint for 30 minutes totally, during the process of retaining, it was manipulated with mild reinforcing and reducing technique once every 10 minutes. On withdrawal of the needle, it was pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: After once such acupuncture, the

shoulder pain was greatly alleviated at once, he could freely lift and abduct the dextral shoulder without any difficulty. He could lift his head and rotate the neck freely. After twice treatment, he was cured completely. After 2 months' follow-up, the illness didn't relapse, then it's end.

Case 2

Patient: Zhang, male, age 43 years, gardener.

Chief Complaint: Pain of sinister shoulder for 3 days.

History of Present Illness: Three days ago, the patient suffered from a pain in his sinister shoulder caused by catching a cold. It was a continuous aching pain, accompanied with difficulty in moving forward, abducting and lifting. Then he couldn't do gardening as before and his work was stopped. After the illness came on, he had to go to a local hospital for treatment. Through physical examination, it was diagnosed as "Scapulohumeral Periarthritis". He was then treated with external applying the plaster namely "Zhuifengao" and oral taking "Brufen" for 3 days. After 3 days' treatment, the patient still suffered from the aching pain, the motion of his sinister arm was severely limited, thereby, he lost the ability to normally work at all. Then he asked me for treatment on May 21, 1994. After the illness came on, his urination, defecation and appetite, sleeping were all in normal. There wasn't other complaint.

Physical Examination: The patient was conscious with a normal general condition. Light red tongue with a thin layer of white fur. Floating and tense pulse. No abnormality in heart, both lungs and abdomen. The sinister upper arm and shoulder joint were all normal in shape and structure. Evident tenderness was present over the anterior aspect of the sinister shoulder joint, accompanied with

muscular tension. The sinister upper arm and shoulder joint couldn't freely abduct, lift and move forward. No other abnormal sign.

Diagnosis: Scapulohumeral Periarthritis.

Differentiation: This disease, in TCM, pertains to the category of "BiTong" (pain due to obstruction of Qi and blood). It was caused by the attack of the exterior wind-cold evil, which attacked the meridian of shoulder and inhibited the flowing of meridian Qi and blood, thereby, blood stasis and stagnancy of meridian Qi were caused in the affected regions. According to the theory of meridians, the anterior and lateral parts of shoulder are all the passage of the Large Intestine Meridian of Hand-Yangming, so that actually this case was just the syndrome of Qi-stagnancy and blood stasis in the Large Intestine Meridian of Hand-Yangming.

Therapeutic Principle: Dredging the obstructed meridian and collateral, activating the blood flowing and removing the blood stasis, expelling wind evil and releasing the superficial syndrome.

Acupuncture Treatment: LI4, HeGu of the sinister side was selected for acupuncture. A 1.5 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 1.2 cun or so, the needle was manipulated with twirling and rotating technique till the needling sensation appeared. After the needling sensation appeared, the needle was manipulated with mild reinforcing and reducing technique, by which the needling sensation of aching, numbness and heaviness was induced to spread upward to the anterior aspect of the forearm and upper arm through the sinister wrist. Finally, the needle was manipulated with reducing technique and retained in the acupoint for 30 minutes in total. During the process of retaining, it was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was shaken

around and pulled out slowly in order to enlarge the hole.

Effect Observation: Under performing such acupuncture for 1 ~2 minutes, the pain of the sinister shoulder disappeared immediately. After once treatment, the motion of the sinister shoulder joint wasn't limited any more. He was treated by such acupuncture twice in total, and then there was not discomfort on him any longer. Then it's end.

Case 3

Patient: Lei, male, age 28 years, teacher.

Chief Complaint: Aching pain of dextral shoulder for 3 days.

History of Present Illness: Three days ago, the patient suffered from aching pain of the dextral shoulder joint due to catching a cold when he was riding a bicycle. He felt that the dextral shoulder became so heavy and aching that it's very difficult for him to lift the dextral shoulder or move it forward and backward. Moreover, he couldn't carry anything with the dextral hand, otherwise, he would get an insufferable aching pain in his dextral shoulder. After the illness came on, he himself applied some external plasters namely "Zhuifenggao, Shangshigao" onto the affected region. After 3 days' such treatment, the shoulder pain wasn't alleviated yet. Then he came to me for treatment on October 21, 1992. After the illness came on, his urination, defecation, appetite and sleeping were all in normal. No other complaint was present.

Physical Examination: The patient appeared lucid with a normal general condition. Light red tongue with a thin layer of white fur. Floating and tense pulse. No evident congestion in pharyngeal wall. Both tonsils swelling I°. No abnormality in heart, both lungs

and abdomen. The dextral shoulder joint was normal in shape and structure. There was evident tenderness over the anterior aspect of the dextral shoulder joint, accompanied with muscular tension. The dextral shoulder joint couldn't freely lift and move forward or backward. The motion of head and neck wasn't limited. No other abnormal sign.

Diagnosis: Scapulohumeral Periarthritis.

Differentiation: This disease, in TCM, pertains to the category of "BiTong" (pain due to obstruction of Qi and blood). It was caused by the exterior wind-cold evil, which attacked the meridian of shoulder and then got into the meridian deeply. As a result of it, the passage of meridian Qi and blood was obstructed and the blood stasis and stagnacy of meridian Qi were caused in the affected region. So that the patient had the aching pain and the diseased shoulder joint couldn't be moved freely.

Therapeutic Principle: Dredging the obstructed meridian, activating the blood flowing and removing the blood stasis, expelling the wind-cold evil and releasing the superficial syndrome.

Acupuncture Treatment: LI15, JianYu of the dextral side was selected for acupuncture and cupping therapy. A 1.5 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 1.0 ~ 1.2 cun or so, the needle was manipulated with twirling and rotating technique so as to induce the needling sensation. After the needling sensation appeared, the needle was manipulated with reducing technique, and then the needling sensation of aching and heaviness was induced to spread to the anterior aspect of the shoulder joint and radiate downward to the anterior part of the upper arm. Finally, the needle was retained in the acupoint for 30 minutes totally. During the process of retaining,

it was regularly manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was rotated around and then pulled out slowly in order to enlarge the hole. After performing the acupuncture, cupping therapy was employed immediately, a cup was quickly placed onto the selected acupoint, keeping the cup on the acupoint for 20 minutes in total.

Effect Observation: Under once treatment, the aching pain of the dextral shoulder disappeared immediately. After half a month's follow-up, the illness didn't relapse. Then it's end.

Case 4

Patient: Yang, male, age 34 years, accountant.

Chief Complaint: Pain of dextral upper arm and shoulder joint for 1 week.

History of Present Illness: One week ago, the patient suffered from a pain in the dextral upper arm and shoulder joint due to catching a cold. It was accompanied with great difficulty in abducting the shoulder up and moving it backward. The shoulder pain was a continuous aching pain, radiating upward and backward and then involving the lateral region of the neck and back. After the illness came on, he went to a local hospital for treatment. Through physical examination, it was diagnosed as "Scapulohumeral Periarthritis". He was treated with external applying the plaster namely "Zhuifenggao" and oral taking "Brufen". After 1 week's treatment, he still suffered from the aching pain in the dextral shoulder. Moreover, it severely prevented him from moving his dextral upper arm and shoulder as normal. Then he came to me for treatment on March 21, 2002. After the illness came on, his urination, defecation, appetite and sleeping were all normal. There

wasn't other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Light red tongue with a thin layer of white fur. Floating and tense pulse. No abnormality in heart, both lungs and abdomen. The dextral upper arm and shoulder joint were all normal in shape and structure. Evident tenderness was positive over the posterolateral aspect of the dextral shoulder joint, accompanied with muscular tension. The dextral shoulder joint couldn't freely move backward and abduct up. No other abnormality present.

Diagnosis: Scapulohumeral Periarthritis.

Differentiation: This disease, in TCM, pertains to the category of "BiTong" (pain due to obstruction of Qi and blood). It was caused by the attack of the exterior wind-cold evil, which attacked the meridian of shoulder and inhibited the flowing of meridian Qi and blood, thereby, there were blood stasis and stagnancy of meridian Qi in the affected regions. According to the theory of meridians, the posterior regions of shoulder, neck and back are all the passage of the Small Intestine Meridian of Hand-Taiyang, so that actually this case was just the syndrome of Qi-stagnancy and blood stasis in the Small Intestine Meridian of Hand-Taiyang caused by the attack of the exterior wind-cold evil.

Therapeutic Principle: Warming the meridian and dredging the obstructed collateral, removing the blood stasis and activating the flowing of blood, expelling the wind-cold evil and releasing the superficial syndrome.

Acupuncture Treatment: SI7, ZhiZheng of the dextral side was selected for acupuncture. A 1.5 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 1.0 ~ 1.2 cun or so, the needle was first manipulated with

twirling and rotating technique so as to induce the needling sensation. After the needling sensation appeared, the needle was then manipulated with heat-producing method to produce heat sensation over the lateral region of the dextral forearm, furthermore, the heat sensation was induced to spread upward along the lateral aspect of the dextral elbow joint to the lateral region of the dextral upper arm. Finally, the needle was retained in the acupoint for 30 minutes totally. During the process of retaining, it was regularly manipulated with reinforcing technique once every 10 minutes. On withdrawal of the needle, it was twirled around and then pulled out rapidly, the hole was immediately pressed firmly.

Effect Observation: Under once the above treatment, the pain of the dextral upper arm and shoulder joint was alleviated greatly, abducting the shoulder and moving it backward weren't limited any more. After 3 times' treatment, the illness was cured completely. Then it's end.

6. Sciatica

Case 1

Patient: Li, male, age 38 years, peasant.

Chief Complaint: Repeated pain of dextral buttock and thigh for 1 year, relapse and aggravation for 3 days.

History of Present Illness: One year ago, the patient suffered from a pain in the dextral buttock and thigh without any evident causes. At the beginning, it was merely induced by overworking. Later on, it appeared even without any causes. When occurring, he suffered from a severe lightning pain in the dextral buttock and thigh, which always radiated to the lateral aspect of the dextral thigh along the lateral part of the dextral buttock. It caused

his dextral leg couldn't stand up and walk about as normal. After the illness came on, he went to a local hospital, through physical examination, it was diagnosed as "Sciatica", he was then treated with oral taking some anodynes such as "Brufen and Ibuprofen". Under the treatment, the symptom became sometimes mild and sometimes severe. When occurring severely, the serious symptom caused he couldn't stand and walk at all, he had to lie down on a bed so as to have temporary amelioration. Sometimes, even by sneezing or coughing, could it be aggravated. 3 days ago, it relapsed again, he deeply suffered from a lightning pain in the dextral buttock and thigh, so that he was obliged to lie down on a bed and couldn't do anything. After taking some anodynes, the pain was not relieved yet. Then his wife came to me and asked me for treatment on September 13, 1994. After the illness came on, his urination, defecation, appetite and sleeping were all in normal. There wasn't other complaint.

Physical Examination: The patient was conscious with an acute painful complexion. He was in continuous groaning and moaning. Light red tongue with a thin layer of white fur. Deep and tense pulse. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs, heart and abdomen all negative. The dextral buttock and right lower limb appeared normal in shape and structure. Raising test of straight-leg on the dextral side was positive. Evident tenderness was present over the lateral aspect of the dextral buttock and thigh along the distributing line of the dextral sciatic nerve. No other abnormality present.

Diagnosis: Sciatica.

Differentiation: This disease, in TCM, pertains to the category of "YaoTuiTong, ZuoTunFeng" (pain of waist and legs, sciatica). It

was caused by the exterior wind-cold evil, which attacked the Gallbladder Meridian of Foot-Shaoyang. As its characteristic, the cold-evil has a tendency to contract, then it restricted the flowing of the meridian Qi of Gallbladder Meridian of Foot-Shaoyang, as a result of it, stagnancy of meridian Qi was caused in Gallbladder Meridian of Foot-Shaoyang, so that the patient experienced the severe pain in the buttock and thigh.

Therapeutic Principle: Dredging the obstructed meridian and collateral, activating the flowing of blood and meridian Qi, warming up the meridian in order to relieve the pain.

Acupuncture Treatment: GB30, HuanTiao of the dextral side was selected for acupuncture. A 4.0 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 3.0 ~ 3.5 cun or so, the needle was first manipulated with twirling and rotating technique till the needling sensation appeared. After the needling sensation appeared, the needle was then manipulated with heat-producing method to produce heat sensation over the lateral region of dextral buttock, furthermore, the heat sensation was induced to spread downward along the lateral aspect of the dextral thigh to the lateral region of the dextral calf through the lateral part of the dextral knee joint. Finally, the needle was retained in the acupoint for 30 minutes altogether. During the process of retaining, it was regularly manipulated with reinforcing technique once every 10 minutes. On withdrawal of the needle, it was gently rotated around and then pulled out rapidly, the hole was immediately pressed firmly with a cotton ball.

Effect Observation: Under once the above treatment, the pain of the dextral buttock and the thigh disappeared completely, the patient could stand up and walk about as normal without any

uncomfortable sensation. After 5 days' treatment, the patient could go to work as before. After half a month's follow-up, the illness didn't relapse. Then it's end.

Case 2

Patient: Guan, male, age 18 years, peasant.

Chief Complaint: Pain of dextral buttock and thigh for 7 days.

History of Present Illness: Seven days ago, the patient suffered from a pain in the dextral buttock and thigh caused by catching a cold. It was a severe lightning pain in the dextral buttock and thigh and always radiated to the lateral aspect of the dextral thigh along the lateral part of the dextral buttock. It caused his dextral leg couldn't stand up and walk about as normal. After the illness came on, he went to a local hospital, through physical examination, it was diagnosed as "Sciatica", he was then treated with external applying some plaster and oral taking some anodynes such as "Brufen and Ibuprofen". After 7 days' treatment, the symptom was not relieved yet. The severe pain caused he couldn't help toddling when walking, so that he couldn't go to work as normal. Then he came to me for treatment on November 21, 1995 through somebody. After the illness came on, his urination, defecation, appetite and sleeping were all in normal. There wasn't other complaint.

Physical Examination: The patient appeared lucid with an acute painful complexion. He was in continuous groaning and moaning. Shuffling gait present. Light red and thin tongue with a thin layer of white fur. Deep and uneven pulse. No evident congestion in pharyngeal. Both tonsils swelling I°. No abnormality in

both lungs, heart and abdomen. The dextral buttock and lower extremities appeared normal in shape and structure. Raising test of straight-leg on the dextral side was positive. There was evident tenderness over the lateral aspect of the dextral buttock and thigh along the distributing line of the dextral sciatic nerve. No other abnormality present.

Diagnosis: Sciatica.

Differentiation: This disease, in TCM, pertains to the category of “YaoTuiTong, ZuoTunFeng” (pain of waist and legs, sciatica). It was caused by the exterior wind-cold evil, which attacked the Gallbladder Meridian of Foot-Shaoyang. As its characteristic, the cold-evil has a tendency to contract, then it restricted the flowing of the meridian Qi of Gallbladder Meridian of Foot-Shaoyang, as a result of it, there was stagnancy of meridian Qi of Gallbladder Meridian of Foot-Shaoyang, so that the patient had the severe pain in the buttock and thigh.

Therapeutic Principle: Dredging the obstructed meridian and collateral, activating the flowing of blood and meridian Qi, warming up the meridian in order to alleviate the pain.

Acupuncture Treatment: GB31, FengShi of the dextral side was selected for acupuncture. A 2.5 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 1.5 ~ 2.0 cun or so, at first, the needle was manipulated with twirling and rotating technique so as to induce the needling sensation. After the needling sensation appeared, the needle was then manipulated with heat-producing method to produce heat sensation over the lateral region of the dextral thigh, furthermore, the heat sensation was induced to spread upward to the lateral part of the dextral buttock, and radiate downward along the lateral aspect of

the dextral thigh to the lateral region of the dextral calf through the lateral part of the dextral knee joint. Finally, the needle was retained in the acupoint for 30 minutes totally. During the process of retaining, it was regularly manipulated with reinforcing technique once every 10 minutes. On withdrawal of the needle, it was slightly rotated around and then pulled out rapidly, the hole was immediately pressed firmly.

Effect Observation: Under once the above treatment, the pain of the dextral buttock and thigh disappeared completely, the patient could stand up and walk about as normal without any uncomfortable sensation. After 3 times' treatment, the patient could go to work as before. After half a month's follow-up, the illness didn't relapse. Then it's end.

7. Sprain of Ankle

Case 1

Patient: Qiu, male, age 23 years, college student.

Chief Complaint: Sprain of sinister ankle joint for 6 days.

History of Present Illness: Six days ago, the patient wrenched his sinister ankle joint when he was playing football. At that time, the affected joint got severely swollen, accompanied with severe distending pain. It immediately caused he couldn't walk and stand. Then he was sent to a local hospital, through physical examination, it was diagnosed as "Sprain of Ankle Joint". He was treated with oral taking "Pills of Notoginseng" and external applying "Safflower Oil". Under the treatment, the pain in the sinister ankle joint was relieved greatly, but the swelling of the joint remained unchanged. Furthermore, the patient still suffered from the pain of the sinister ankle joint when he was walking. So that he dare

not walk fast, and it's more difficult for him to go upstairs and downstairs. Then he came to me for treatment on November 21, 1995 through somebody. After the illness came on, his urination, defecation, appetite and sleeping were all normal. There wasn't other complaint.

Physical Examination: The patient appeared conscious with a normal general condition. Light red tongue with a thin layer of white fur. Tense and uneven pulse. Both lungs, the heart and the abdomen all normal. Swollen lateral part of the sinister ankle joint with tenderness over the affected joint. The motion of the sinister ankle joint was limited. No other abnormality present.

Roentgenogram Examination: The X-ray film revealed the sinister ankle joint was normal in shape and structure. No sign of fracture was found.

Diagnosis: Sprain of Ankle Joint.

Differentiation: This disease, in TCM, pertains to the category of "ShangJin" (injury of tendon). It was caused by improper sports, which injured the regional meridian and collateral, thereby, there were stagnancy of meridian Qi and blood stasis in the affected joint. So the patient had the swelling pain in the affected joint.

Therapeutic Principle: Dredging the obstructed meridian and collateral, removing the blood stasis and activating the flowing of blood, inducing subsidence of swelling and alleviating the pain.

Acupuncture Treatment: GB40, QiuXu of the sinister side was selected for acupuncture and herb-cake moxibustion. At first, a 1.5 cun needle was obliquely inserted into the selected acupoint, the depth of insertion was about 1.0 ~ 1.2 cun. The needle was first manipulated with twirling and rotating technique in order to induce the needling sensation. After the needling sensation appeared, it was manipulated with mild reinforcing and reducing technique so as to

induce the needling sensation to spread around the whole dorsum pedis and the lateral part of the sinister ankle joint. At last, the needle was retained in the acupoint for 30 minutes totally. During the process of retaining, the needle was regularly manipulated with the mild reinforcing and reducing technique once every 10 minutes. On withdrawal of the needle, it was twirled around and then pulled out rapidly, the inserted hole was immediately pressed firmly. Afterward, the herb-cake moxibustion was employed at once. The prescription of the herb-cake was as below:

HongHua, Safflower 15g

ChuanXiong, Chuanxiong Rhizome 15g

MaHuang, Ephedra 10g

XiXin, Asarum Herb 10g

TouGuCao, Tuberculate Speranskia Herb 30g

QianNianJian, Obscured Homalomena Rhizome 20g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some flour and water to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes each time, performing such acupuncture and herb-cake moxibustion once a day.

Effect Observation: Under once the above treatment, the patient didn't feel the pain in the sinister ankle joint any longer, and the swelling of the sinister ankle joint quickly disappeared. After 3 days' treatment, the patient recovered completely. Then it's end.

8. Stiff neck

Case 1

Patient: Liang, male, age 34 years, surgeon.

Chief Complaint: Aching pain of dextral neck for 2 days, accompanied with rigidity of neck.

History of Present Illness: Two days ago, when the patient was sleeping with a window open, he caught a cold and then had an aching pain in the dextral neck. Moreover, his dextral neck became stiff and could not rotate about as normal, the dextral shoulder joint couldn't freely lift and abduct. Then he himself applied the external plaster namely "Zhuifenggao" onto the affected region and orally took some anodyne pills such as "Brufen" and so on. After 2 days' treatment, the pain was not relieved yet. Because the rigidity of neck severely affected his work, he came to me for treatment on November 23, 1992. After the illness came on, his urination, defecation, appetite and sleeping were all in normal. There wasn't other complaint.

Physical Examination: The patient appeared conscious with a normal general condition. Pulse floating and tense, tongue light red with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. No abnormality in both lungs, heart and abdomen. The dextral shoulder joint and the dextral neck were all normal in shape and structure. Evident tenderness was positive over the affected regions, most characteristically accompanied with prominent muscular tension. The motions of the dextral shoulder joint and neck were all limited. No other abnormality present.

Diagnosis: Stiff neck.

Differentiation: This disease, in TCM, pertains to the category of "JianBeiTong" (pain in the shoulder and back). It was caused by the exterior wind-cold evil, which attacked the superficial portion of Taiyang and inhibited the flowing of the Taiyang meridian Qi. As to the meridian Qi, where there is obstruction, there is a pain. So that

the patient suffered from the aching pain and rigidity of the dextral neck. Essentially, this case was just the superficial syndrome of Taiyang.

Therapeutic Principle: Expelling wind-cold evil and releasing the superficial syndrome, dredging the obstructed meridian and collateral, warming up the meridian in order to alleviate the pain.

Acupuncture Treatment: SI7, ZhiZheng of the dextral side was selected for acupuncture. A 1.5 cun needle was obliquely inserted into the selected acupoint with its tip upward. The depth of insertion was 1.0 ~ 1.2 cun or so, the needle was first manipulated with twirling and rotating technique so as to induce the needling sensation. After the needling sensation appeared, the needle was then manipulated with heat-producing method to produce a heat sensation over the lateral region of the dextral forearm, furthermore, it was induced to spread upward along the lateral aspect of the dextral elbow joint to the lateral region of the dextral upper arm. Finally, the needle was retained in the acupoint for 30 minutes totally. During the process of retaining, it was regularly manipulated with reinforcing technique once every 10 minutes. On withdrawal of the needle, it was twirled around and then pulled out rapidly, the hole was immediately pressed firmed.

Effect Observation: Under once the above treatment, the aching pain and rigidity of neck disappeared completely. The motions of the affected parts weren't limited any longer. After 1 week's follow-up, the illness didn't relapse, then it's end.

Case 2

Patient: Huang, female, age 42 years, doctor.

Chief Complaint: Aching pain and rigidity of neck for 3

days.

History of Present Illness: Three days ago, the patient suffered from aching pain and rigidity of neck due to catching a cold when she was sleeping. It caused rotating her neck became much more arduous, furthermore, she couldn't lift and lower her head at all. After the illness came on, she herself applied the external plaster namely "Shangshigao" onto the affected region. But the curative effect was not protrudent. Then she asked me for treatment on April 26, 1993. After the illness came on, her appetite, sleeping, urination and defecation were all in normal. There was not other complaint.

Physical Examination: The patient appeared conscious with a normal general condition. Pulse floating and uneven, light red tongue with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs, the heart and the abdomen all normal. No abnormality of neck in shape. There was evident tenderness over the posterior region of the neck, accompanied with prominent muscular tension. The neck could rotate about arduously, while she could not lift and lower her head. No other abnormality present.

Diagnosis: Stiff neck.

Differentiation: This disease, in TCM, pertains to the category of "JingXiangTong" (pain of neck). It was caused by the exterior wind-cold evil, which attacked the meridian in the neck and then obstructed the passage of meridian Qi, therefore, there was stagnacy of meridian Qi in the affected region. So the patient had the aching pain and rigidity of neck.

Therapeutic Principle: Expelling wind-cold evil and releasing the superficial syndrome, dredging the obstructed meridian and collateral, warming up meridian in order to alleviate pain.

Acupuncture Treatment: Du14, DaZhui was selected for acupuncture and ginger-partitioned moxibustion. At first, a 1.0 cun needle was vertically inserted into the selected acupoint and manipulated with twirling and rotating technique in order to produce needling sensation, furthermore, the needling sensation was induced to spread upward to the neck and head and downward to the back. Afterward, the needle was retained in the acupoint for 20 minutes totally. On withdrawal of the needle, it was rotated around and then pulled out rapidly, the inserted hole was immediately pressed firmly with a cotton ball. Continuously, ginger-partitioned moxibustion was performed on the acupoint at once, 9 units of moxa cones were burnt out in total.

Effect Observation: Under once such treatment, the aching pain and rigidity of neck immediately disappeared. She could lift and lower her head freely. After 1 week's follow-up, the illness didn't relapse, then it's end.

9. Lumbago

Case 1

Patient: Zhou, female, age 35 years, advertisement designer.

Chief Complaint: Severe lumbago for 4 days.

History of Present Illness: Four days ago, when the patient was starting her motorcycle, she was suddenly attacked by sharp lumbago due to improper exerting her strength. It's a severe lightning pain and radiating to the buttocks and lower extremities, as if being cut and sliced by a sharp knife. It immediately caused her waist and lower extremities couldn't move about at all. Then she was quickly sent to the department of orthopedics of a local hospital for treatment. Through some common medical examinations, it was

diagnosed as “Acute Lumbar Sprain” and she was treated with oral taking anodyne, massage and external applying medical plaster onto the painful region. At that time, the lumbago was relieved a little and then she returned home for resting. But only 1 day later, the lumbago became as severe as before, furthermore, it quickly got worse and worse, so that she couldn’t stand it. Then she was sent to the specialist polyclinic of the hospital again. Through CT scanning examination, it was confirmed as “Prolaps of Lumbar Intervertebral Disc between the 3rd and 4th, the 4th and 5th Lumbar Vertebra”. The doctors in the hospital all suggested that the illness should be treated by operation, but the patient herself and her family didn’t accept the operation. Then they asked me for treatment on July 1, 1999. After the illness came on, her appetite, urination and defecation were all in normal, while she got a bad sleeping due to the sharp pain, it prevented her from sleeping throughout night. There wasn’t other complaint.

Physical Examination: The patient appeared conscious with an acute painful complexion. She stretched herself out on the floor board with continuous groaning and moaning. Chest and abdomen all normal. The both lower extremities couldn’t move about at all. She daren’t turn over and get up. Prominent tenderness and percussion pain were present over the lumbosacral portion. Pulse thready and uneven, tongue dark red with a thin layer of white fur. No other abnormality present.

Examination of CT Scanning: Intervertebral spaces of the 3rd to the 4th, the 4th to the 5th lumbar vertebra became more narrow than normal. It suggested prolaps of lumbar intervertebral disc.

Diagnosis: Prolaps of Lumbar Intervertebral Disc.

Differentiation: This disease, in TCM, pertains to the category

of “JinGuShang” (injury of bone and tendon). It doesn’t belong to the category of “Bi-syndrome caused by wind-dampness evil”. It’s not common aching-pain in the lumbar regions and the knee-joints. It was actually caused by improper exerting strength on the lumbar regions, which caused a sudden force acted on the lumbar vertebra and the intervertebral disc violently, then the lumbar vertebra was injured and the intervertebral discs were crashed. As for the intervertebral disc, although it has never been described in the writings of TCM of the past and the present, we should objectively recognize its function and then correctly define its attribute. Because the anatomical position of intervertebral disc nestles closely up to the bones and its function is to assist the bones in moving. So that we can consider that the attribute of intervertebral disc should be the appendage of bone, it should be the tendon attached bone-it’s merely different from the common tendon only in shape. In this case, the improper exerting strength on the lumbar regions caused the intervertebral discs were crushed and the lumbar vertebrae were injured, then Qi-stagnation and blood stasis were caused in the lumbar regions, which obstructed the meridians through the lumbar regions and caused the meridian-Qi couldn’t flow through the lumbar regions as normal. Because the lumbar region is the movement hub of whole body, it is the necessary road for the meridian-Qi of Taiyang Bladder Meridian to pass through. But the meridian in the lumbar regions had been obstructed by the stagnation of vital Qi and blood stasis, then the meridian-Qi of Taiyang Bladder Meridian couldn’t smoothly and normally pass through the lumbar regions, where there is obstruction, there is a pain. So that the patient experienced the insufferable lumbago.

Therapeutic Principle: Relieving the secondary symptom in

the acute stage: dredging the obstructed meridian immediately with acupuncture; curing the primary symptom in the chronic stage: after the sharp pain was relieved greatly, decoction and pills should be used in order to activate the flowing of blood and remove blood stasis, rejoin the crushed tendon and nourish the injured bone.

Acupuncture Treatment: BL54, WeiZhong of the dextral side was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint, and then manipulated with flying technique. When the meridian-Qi was gathered together around the needle, I rapped the whole line of Bladder Meridian of Foot-Taiyang with fingers and continuously manipulated the needle with flying technique. Such special method can stimulate the meridian-Qi to rapidly flow along the meridian. In this case, it effectively stimulated the needling sensation to spread upward through the buttock to the lumbar regions and downward to the feet. It indicated the whole line of Bladder Meridian of Foot-Taiyang had been completely dredged. The needle was retained in the acupoint for 30 minutes totally, during the process of retaining, it was regularly manipulated with reducing skills once every 10 minutes. On withdrawal of the needle, it was gently rotated around and then pulled out slowly in order to enlarge the hole.

Effect Observation: Under once such acupuncture treatment, the patient felt the sharp lumbago immediately disappeared. She could get up, turn over, sit down and walk about at once, just like a normal one. Her husband and daughter were all amazed at the magic curative effect, they cried with surprise: How wonderful!

Because the lumbago had been greatly mitigated, then she was told to orally take Pills of Five-Dragon manufactured by myself in order to cure the illness completely. After 1 month's treatment of

acupuncture and oral taking the pills together, the patient's living and working became normal completely, she could keep walking, standing or sitting for a long time without any difficulty. All these signs revealed the illness had been cured completely. After 3 years' follow-up, the illness didn't relapse. Then it's end.

Case 2

Patient: Yu, female, age 65 years, accountant.

Chief Complaint: Lumbago for 3 days.

History of Present Illness: Three days ago, the patient suffered from a sudden pain in her waist when she was moving a heavy object. At that time, the pain was so sharp that she couldn't sit, lie and bend forward or backward. Then she went to the surgical department of a local hospital, through physical examination, it was diagnosed as "Acute Lumbar Sprain", she was treated with massage and acupuncture (the selected acupoint were BL54, WeiZhong and some other acupoints in the lumbar region). After 3 days' treatment, the lumbago was not relieved yet, she could not sit, walk and lie as normal. So she came to me for treatment on July 17, 2002. After the illness came on, her appetite, sleeping, urination and bowel motions were all in normal. There was not other complaint.

Physical Examination: The patient appeared nervous with an acute painful complexion. Pale and lusterless facies, shortness of breath and disinclination to speak. She was in passive position and could not sit and lie down as normal. Pulse thready and uneven, tongue dark red with a thin layer of white fur. The edge of tongue was marked with some spots of blood stasis. No evident congestion in pharyngeal wall. Both tonsils swelling I°. No abnormality in both lungs, heart and abdomen. Motions of waist were severely limited,

she could not bend forward and backward. There was evident tenderness over the affected region, accompanied with prominent muscular tension. Percussion pain over the lumbar region was positive. No other abnormality present.

Diagnosis: Acute Lumbar Sprain.

Differentiation: This disease, in TCM, pertains to the category of “YuXueYaoTong” (lumbago due to blood stasis). It was caused by improper exerting strength on the lumbar regions, which caused a sudden force acted on the lumbar muscle and tendon, so that blood stasis and stagnancy of meridian Qi were caused in the affected regions, therefore, the patient had the sharp lumbago. Besides, in this case, such symptoms as thready and uneven pulse, pale and lusterless complexion, shortness of breath and disinclination to speak, all these signs suggested the deficiency of healthy Qi. The deficient healthy Qi couldn't effectively promote the blood flowing all over the body, therefore, the blood stasis in the lumbar regions could not be removed either. This is why the previous acupuncture treatment ended in failure, for its therapeutic plan was simply established merely according to syndrome-differentiation of meridians while the former acupuncturist disregarded judgement on the state of Qi and blood all over the patient's body. (In all the clinical practice of TCM, to judge the status of Qi and blood of the whole body is much more significant than only to judge the status of one part, this is just the manifestation of TCM's holistic view applying in the concrete clinical practice.)

Therapeutic Principle: Invigorating the cardiac Qi and dredging the obstructed meridian, activating the blood flowing and removing blood stasis. Because heart, as the padishah of whole body, is generally responsible for conducting the blood flowing all

over the body, if the cardiac Qi could be replenished effectively, correspondingly, it could also effectively promote the flowing of blood and meridian Qi all over the body. As a result of it, the obstructed meridian Qi could be favourably dredged and the blood stasis in the lumbar regions could be also easy removed. So that the Shu-acupoint of Heart Meridian of Hand-Shaoyin should be selected for promoting the flowing of blood and meridian Qi all over the body.

Acupuncture Treatment: HT7, ShengMen was selected for acupuncture. A 1.0 cun needle was inserted into the selected acupoint. The depth of insertion was about 0.6 cun. The needle was manipulated with mild reinforcing and reducing technique in order to induce the needling sensation to spread upward to the radial aspect of the forearm and elbow joint. The needle was retained in the acupoint for 30 minutes totally, during the process of retaining, the needle was regularly manipulated with mild reinforcing and reducing technique once every 10 minutes. On withdrawal, the needle was gently rotated around and then pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: After 2 ~ 3 minutes of such acupuncture, the lumbago disappeared at once, she could freely stand up, walk about, sit and lie down without any difficulty. After once treatment, there wasn't uncomfortable sensation any longer. After 1 week's follow-up, the illness didn't relapse, then it's end.

10. External Humeral Epicondylitis

Case

Patient: Qu, female, age 46 years, accountant.

Chief Complaint: Pain of the dextral elbow and forearm for

half a year.

History of Present Illness: Half a year ago, the patient suffered from a pain in the dextral elbow and the radial aspect of the dextral forearm without any obvious causes. So that she couldn't freely flex and rotate her dextral forearm as normal. After the illness came on, she went to a local hospital, through physical examination, it was diagnosed as "External Humeral Epicondylitis", she was treated with block therapy in the affected region. Under the treatment, the pain was relieved soon. Nevertheless, about 10 days later, the symptom became as same as before, moreover, it's more difficult for her to flex and rotate her dextral forearm as before. Therefore, she had to go to the hospital again for treatment, she was then treated with acupuncture. After 1 month's treatment, the pain was not relieved yet. So she came to me for treatment on June 23, 2001. After the illness came on, her appetite, sleeping, urination and bowel motions were all in normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Tongue light red with a thin layer of white fur. Pulse thready and uneven. The dextral elbow joint was normal in shape and structure. Rotation and flexion of elbow joint were all limited. Evident tenderness was present over the posterior part of dextral elbow and the radial aspect of the dextral olecranon, if pressed with a finger, a lightning pain immediately appeared, furthermore, radiating to the dextral forearm. No other abnormality present.

Diagnosis: External Humeral Epicondylitis.

Differentiation: This disease, in TCM, pertains to the category of "ShangJin, ZhouTong" (injury of tendon, pain of elbow), more

popularly, it's also named as "WangQiuZhou" (tennis elbow). It was caused by repeated working for a very long time, which injured the regional tendon and then caused regional blockage of meridian Qi, so that it became more difficult to effectively nourish the injured tendon, as a result of it, there was a pain in the affected tendon.

Therapeutic Principle: Dredging the obstructed meridian and collateral, removing the blood stasis and alleviating the pain.

Acupuncture Treatment: SI8, XiaoHai of the affected side was selected for acupuncture. A 1.5 cun needle was obliquely inserted into the selected acupoint with the direction of its tip toward the dextral hand. The depth of insertion was 1.0 cun or so, the needle was manipulated with twirling and rotating technique so as to induce the needling sensation of aching and numbness to spread downward along the dextral forearm. Finally, the needle was retained in the acupoint for 30 minutes in total. During the process of retaining, it was regularly manipulated with twirling and rotating technique once every 10 minutes. On withdrawal, it was gently twirled around and then pulled out rapidly, the hole was immediately pressed firmly.

Effect Observation: Under once the above treatment, the pain of dextral elbow and radial aspect of dextral forearm disappeared immediately. The motions of the dextral arm weren't limited any longer. After 5 times' treatment, there wasn't uncomfortable sensation any more. After 5 months' follow-up, the illness didn't relapse, then it's end.

11. Hemorrhoid

Case

Patient: Ma, female, age 54 years, house wife.

Chief Complaint: Herniation of lump from anus for more than 30 years, accompanied with repeated pain; relapse and aggravation for 7 days.

History of Present Illness: More than 30 years ago, the patient first experienced normal parturition. At that time, a lump appeared out of her anus. From then on, the lump had been intermittently swollen and sequentially enlarged in size as soon as she had overworking, moreover, accompanied with regional swelling pain and bleeding. Then she went to the local hospitals for treatment, after physical examination, it was diagnosed as "External Hemorrhoid". She was treated with external applying many kinds of ointment and oral taking many western medicine and Chinese herbs. Under the treatment, these symptoms became sometimes mild and sometimes severe. When occurring severely, the lump would enlarge as big as an egg, furthermore, a discomfort and a severe swelling pain were always caused by friction of the lump and her underclothes. 7 days ago, the above symptoms were aggravated again, she felt the lump herniated out from her anus again, accompanied with severe sensation of rectal tenesmus. Then she came to this hospital for treatment on December 21, 2001. After the illness came on, her sleeping, appetite and urination were all in normal. After this attack of the illness, her defecation was also normal, but it's sometime good while sometimes bad as usually. There was not other complaint.

Physical Examination: The patient appeared conscious with a normal general condition. Tongue dark red with a thin layer of white fur. Pulse tense and uneven. No evident congestion in pharyngeal wall. Both tonsils swelling I°. No abnormality in both lungs, heart and abdomen. An egg-sized lump was seen out of the anus, it was pliable in texture. If touched upon, there was severe tenderness. Its

surface was covered with some blood-tinged, thin-texture exudate and a layer of mucous membrane, which was dark red in colour and rough in texture. No lump could be touched in the area above the dentate line. No other abnormality present.

Diagnosis: External Hemorrhoid.

Differentiation: This disease, in TCM, pertains to the category of “ZhiTong, ChangFengXiaXue” (pain due to hemorrhoid, hematochezia). It was caused by her parturition. When a woman was in the process of parturition, she exerted herself in order to force the blood and Qi to go downward. Therefore, blood stasis and Qi-stagnancy appeared in her anus, by which the hemorrhoid was caused. Because the hemorrhoid was not removed in time and stayed there for many months and years, the blood stasis and Qi-stagnancy deeply got into the regional meridians and collaterals. Then there was the syndrome of the evils hiding into the collaterals due to a long time's illness.

Therapeutic Principle: Invigorating the Yang-Qi in Governor Vessel and cooling the blood, removing the blood stasis and activating the blood flowing, dredging the obstructed meridians and collaterals in order to induce the subsidence of the lump.

Acupuncture Treatment: GV1, ChangQiang was selected for acupoint injection. 2ml of injection of DanShen, Red Sage Root was injected into the acupoint, the aching sensation could be induced to radiate forward to the perineum, performing such acupoint injection once every other day. Hot and greasy food was forbidden during the treatment.

Effect Observation: Under once above treatment, the swelling pain around her anus was greatly relieved. After 3 days' treatment, the swollen lump began to be smaller and smaller, and there were

not pain and bleeding in the regional part already. After 8 days of the above treatment, all the uncomfortable sensation disappeared. The hemorrhoid disappeared too. Only a layer of skinny fold left there. After 4 months' follow-up, the illness didn't relapse. Then it's end.

12. Deviation of Qigong

Case 1

Patient: Shi, male, age 28 years, martial arts master.

Chief Complaint: Lump of upper abdomen for 10 months.

History of Present Illness: Ten months ago, a sausage-shaped lump appeared in the patient's upper abdomen because he improperly exercised Qigong at that time. It was accompanied with chest oppression and dyspnea. Especially when he was supine on bed, the chest oppression and dyspnea became more prominent. Sometimes when he was asleep at night, the severe chest oppression and dyspnea could wake him up, only by massaging the chest and upper abdomen, could the discomforts be relieved. Usually, the air-textured lump that obstructed his chest and abdomen prevented him from doing any manual work. Then he separately went to some local hospitals for treatment. After many kinds of treatments, there was no curative effect on him at all. Then he came to me for treatment on October 2, 1993. After the illness came on, his sleeping, appetite, urination and defecation were all in normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Pulse deep, sphenic, tense and uneven, tongue light red with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. The respiratory sounds

were all clear in both lungs. No rhonchi and moist rales could be heard. Heart negative. The abdomen was soft and flat. A soft air-textured lump whose shape was just like a sausage could be clearly palpated under the skin of the epigastrium below the xiphoid process, it was tangible but nonmaterial. No tenderness present over the region. No other abnormality present.

Diagnosis: Deviation of Qigong.

Differentiation: This disease, in TCM, pertains to the category of “PiQi” (nonmaterial lump resulted from Qi-stagnancy). It was caused by improper exercising of Qigong, which caused the healthy Qi flowed away from the normal way, thereby, the healthy Qi got out of the meridians and became Qi-stagnancy out of the meridians, which caused the air-textured lump whose character was tangible but nonmaterial. In fact, it’s just the manifestation of Qi-stagnancy out of the meridians.

Therapeutic Principle: Regulating the functional activities of Qi in Triple Energizer, promoting and normalizing the flow of Qi all over the body, striking the mass of Qi and dispersing the Qi-stagnancy.

Acupuncture Treatment: TE2, YeMen of one side was selected for acupuncture. A 1.5 cun needle was inserted into the selected acupoint. The depth of insertion was about 1.0 cun so as to stimulate the acupoint of TE3, ZhongZhu of the same side at the same time. After the needling sensation appeared, the needle was manipulated with flying skill in order to induce the needling sensation to spread upward along the gap between the 3rd and the little finger, through the back of hand and wrist to the lateral aspect of upper arm. At last, the needle was retained in the acupoint, during the process of retaining, the needle was regularly manipulated with flying skill once every 10 minutes.

Effect Observation : During the process of the above treatment, the patient had severe nausea sensation, and then hiccupped frequently. The smell of his hiccups was extremely sour and foul. Meanwhile, the air-textured lump in the upper abdomen got smaller and smaller. In order to relieving his nausea sensation, I firmly pressed the acupoint of ST36, ZuSanLi with my thumb, for by such way, the gastric Qi could be effectively induced to descend down. After 20 minutes' such treatment, his nausea sensation got more and more faint, the hiccups also disappeared slowly, correspondingly, the abdominal lump disappeared too. The needle was retained in the acupoint for about 30 minutes totally. On withdrawal of the needle, it was gently twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly. After several days' follow-up, the illness didn't relapse, then it's end.

13. Facial Furunculi

Case

Patient : Zhao, male, age 38 years, policeman.

Chief Complaint : Redness, swelling and ulceration of upper lip for 25 days.

History of Present Illness : Twenty-five days ago, the patient suffered from a group of crowd red furunculi on his upper lip without any obvious causes. At the beginning, the furunculi were all just corn-sized and the adjacent surface became red and swollen. Later on, the affected skins got ulcerated and then his upper lip became more swollen and erosive, accompanied with severe swelling pain in the affected region. So that he could not speak aloud and open his mouth widely. Then he went to a local hospital for treatment, through physical examination, it was diagnosed as "Facial Furunculi" and

he was treated with intravenous dripping some antibiotics such as "Penicillin and Amikacin". After more than half a month's treatment, his upper lip remained erosive, red and swollen as before. Then he came to this hospital for treatment on April 26, 2002. After the illness came on, his sleeping, appetite, urination and defecation were all in normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Pulse deep and sthenic, tongue rich red with a greasy layer of yellow fur. The upper lip and the surface near both nares were all characterized by redness, swelling, severe erosion, if touched upon, severe tenderness would be present, while there were not purulence and exudation in the affected region. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs all clear to auscultation. No rhonchi and moist rales could be heard. Heart and abdomen all normal. No other abnormality present.

Diagnosis: Facial Furunculi.

Differentiation: This disease, in TCM, pertains to the category of "DingChuang" (furunculi). According to the theory of meridians, the upper lip and the surface near both nares are all the special regions through which the Large Intestine Meridian of Hand-Yangming passes. In this case, one of the most protrudent character is that the furunculi just appeared on those special regions. Thereby, it clearly suggested that this case was just the syndrome caused by the sthenic heat of large intestine fleeing upward along Large Intestine Meridian of Hand-Yangming. The upward attack of the sthenic heat evil burnt the regional meridians and collaterals of the upper lip and the surface near the nares, so that the furunculi were caused.

Therapeutic Principle: Venting the sthenic fire-toxin from

Large Intestine Meridian of Hand-Yangming in order to dredge the meridian and cool blood, activate blood flow and remove the blood stasis, clear away the heat evil and astringe the furunculi.

Acupuncture Treatment: LI1, ShangYang of one side was selected for blood-letting therapy with a three-edged needle and garlic-partitioned moxibustion. The selected acupoint was punctured with a three-edged needle in order to bleed more than 10 drops. After the dark red blood was dropped down, the colour of the blood would become fresh red gradually, at that time, the hole should be pressed firmly with a cotton ball in order to stop bleeding in time. Afterwards, a piece of coin-shaped garlic was set onto the acupoint for being baked by a firing moxa roll. When the patient felt very hot, the moxa roll should be taken away for a while, performing such garlic-partitioned moxibustion for 30 minutes each time, twice a day. In the process of every garlic-partitioned moxibustion, a new piece of coin-shaped garlic should be used. During the treatment, his diet was free of hot, greasy and fat food.

Effect Observation: After once treatment, the patient didn't suffer from the swelling-pain in his upper lip at once. After two days' treatment, redness, swelling and ulceration of his upper lip were all cured completely. After 1 month's follow-up, the illness didn't relapse, then it's end.

Chapter Three Diseases of Obstetrics and Gynecology

1. Pediculotorsion of Ovarian Cyst

Case 1

Patient: Wang, female, age 37 years, accountant.

Chief Complaint: Continuous distending pain of sinister lower abdomen for one and a half years, sudden severe prickling pain of sinister lower abdomen for 30 minutes.

History of Present Illness: One and a half years ago, the patient suffered from continuous distending pain in her sinister lower abdomen without any obvious causes. It wasn't accompanied with fever, chill, vomit, diarrhea and other discomforts. Then she went to a local hospital for treatment. After the examination of ultrasonogram B, it was diagnosed as "Sinister Ovarian Cyst". Then she was transferred to a hospital in Lanzhou for arranging to accept an operation. When she was having some relative preoperative examinations on October 12, 1993, she suddenly had a sharp prickling pain in her sinister lower abdomen, it's so serious that she couldn't stand it. Through immediate physical examination by her doctor, it was diagnosed as "Pediculotorsion of Ovarian Cyst". Then she was treated with intramuscular injecting some anodyne drugs such as "Anisodamine, Atropine" and "Phenergan", while the pain couldn't be alleviated yet. The insufferable pain made her groaning and moaning continuously. At that time I happened to be there, so her doctor asked me for quick stopping the pain. Since the illness came on, her appetite, sleeping, urination and defecation had been all normal. There was not other complaint.

Physical Examination: The patient was nervous with an acute painful complexion. Sweat-wetted body, continuous groaning and moaning. Tongue light red with a thin layer of white fur. Pulse rapid, tense and floating. No abnormality in heart and both lungs. Tenderness and muscular tension were present over the sinister lower abdomen but without rebound tenderness. No other abnormality present.

Examination of Ultrasonogram B: Uterine and the adnexal areas were all in normal. Volume of the sinister ovary was $7.0\text{cm} \times 5.2\text{cm} \times 5.8\text{cm}$, where a cystiform mass whose volume was $6.4\text{cm} \times 5.6\text{cm} \times 4.3\text{cm}$ was explored out, in which there were some spot-like and segmented echos. No other abnormality present. It suggested a cystiform mass in the sinister adnexal area.

Diagnosis: Pediculotorsion of Ovarian Cyst.

Differentiation: This disease, in TCM, pertains to the category of “ShaoFuZhengJia” (mass in lower abdomen). It was caused by blood stasis in lower abdomen, which was accumulated together in lower abdomen for months and years, finally it resulted in a mass of the lower abdomen. At present, the severe prickling pain indicated that the mass pressed and obstructed the adjacent meridian passage, thereby, the meridian Qi of liver meridian could not smoothly pass through the affected region, and then the functional activities of the meridian Qi was disturbed. So that the patient was attacked by the prickling pain in the low abdomen.

Therapeutic Principle: Dredging the obstructed meridian and collateral, promoting blood circulation and activating the stagnant Qi, removing blood stasis in order to relieving the pain.

Acupuncture Treatment: LR5, LiGou was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 1.2 cun. The needle was first manipulated with lifting and thrusting technique in order to produce the needling sensation, after the needling sensation appeared, it was manipulated with reducing technique so as to induce the needling sensation to spread upward and downward all over the whole calf and the ankle, furthermore, the needle sensation was induced to spread upward to the perineum and lower

abdomen. Finally, the needle was retained in the acupoint for 30 minutes totally, regularly manipulating the needle with reducing technique once every 10 minutes. On withdrawal of the needle, it was gently rotated around and then pulled out slowly in order to enlarge the hole.

Effect Observation: After performing such treatment for 10 minutes, the pain was relieved greatly. After 30 minutes' acupuncture, the pain disappeared completely. 3 days later, the patient was treated with an operation. After the operation, her doctors told me that they excised a cyst, which was as big as a fist. Then it's end.

2. Pain of Breast

Case

Patient: Ma, female, age 38 years, worker.

Chief Complaint: Pain of dextral breast for 1 day.

History of Present Illness: One day ago, the patient was hit by her husband's fist on her dextral breast when they were fighting. Immediately she got an insufferable severe pain in the breast. Then she was quickly sent to a local hospital and treated by oral taking "Pill of Notoginseng and Brufen" and external applying "Safflower Oil". After 1 day's treatment, the insufferable pain was not relieved, her dextral breast became even more swollen in size and got cyanosed in colour, more troublesomely, the sharp pain immediately irritated her as soon as her underclothes touched the breast. Most intolerably, even her breathing always aggravated the severe pain. It severely prevented her from sitting, walking as normal. Then she came to me for treatment on November 23, 1993. Since the illness came on, her appetite, sleeping, urination

and defecation had been all normal. There was not other complaint.

Physical Examination: The patient was nervous with an acute painful complexion. Tongue light red with a thin layer of white fur. Pulse floating and tense. Both lungs, heart and abdomen were all normal. The dextral breast was obviously swollen, the 1st, 3rd and the 4th quarter of the breast were all severely congestive, some ecchymoses could be seen on the surface of the affected parts, they were all red or purple, cyanosed in colour. No other abnormality present.

Diagnosis: Contusion of Breast.

Differentiation: It was caused by the external force, which suddenly hit the breast and severely disarranged the flowing of regional meridian Qi and blood. Thereby, there were blood stasis and stagnacy of Qi in the breast. As to women, the breast extensively converges the Qi and blood of the Jueyin meridians according to the theory of TCM, its growth, caducity and all the functional activities are closely relative to the physiological state of the Jueyin meridians. So that this case was the syndrome of blood stasis and Qi-stagnacy of Jueyin meridians in essence.

Therapeutic Principle: Drawing the blood stasis out from the Jueyin meridians, dredging the obstruction in the Jueyin meridians

Acupuncture Treatment: BL14, JueYinShu of dextral side was selected for acupuncture and cupping therapy. A 1.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 0.8 cun. The needle was first manipulated with twirling and rotating technique in order to induce the needling sensation, after the needling sensation appeared, it was manipulated with reducing technique. The needle was retained in the acupoint for 30 minutes totally, manipulating the needle with reducing technique

once every 10 minutes. On withdrawal of the needle, it was shaken around and pulled out slowly in order to enlarge the hole. After performing the acupuncture, cupping therapy was employed immediately, a cup was quickly placed onto the selected acupoint with fire-twinkling method, keeping the cup on the acupoint for 15 minutes totally.

Effect Observation: Under once the above treatment, the pain in the dextral breast was greatly relieved at once. The patient could breathe, walk, stand, sit and sleep as normal without any uncomfortable sensations. After 3 times' treatment, the pain disappeared completely. Then it's end.

3. Dysmenorrhea

Case 1

Patient: Lin, female, age 23 years, college student.

Chief Complaint: Abdominal pain for 2 days after menstrual onset.

History of Present Illness: Two days ago, the patient's menses occurred. At that time, she had to go long-distance running at a sports meet. After running, she had a sudden pain in the lower abdomen, accompanied with aching pain all over the body. Then she was sent to a local hospital for treatment. Through physical examination, it was diagnosed as "Dysmenorrhea" and she was treated with intramuscular injecting antispasmodic. After 2 days' treatment, the patient still suffered from the prickling pain in the lower abdomen, and her menses flowed out very unevenly. Then she came to this hospital for treatment on December 23, 1997. After the illness came on, her appetite, sleeping, urination and defecation were all normal. There was not other complaint.

Physical Examination: The patient appeared conscious with an acute painful complexion. She was groaning and moaning continuously. Tongue dark red with a thin layer of white fur. Pulse tense and uneven. The mucous membrane of the pharyngeal wall wasn't congestive. Both tonsils swelling I°. No abnormal sign in heart and lungs. The abdomen was soft and flat. Mild tenderness was present at the middle of the low abdomen, but there were not rebound tenderness and muscular tension. No other abnormality present.

Diagnosis: Dysmenorrhea.

Differentiation: This disease, in TCM, pertains to the category of "TongJing" (dysmenorrhea). Generally speaking, to a woman, the state of her Qi and blood would become weaker than normal during her menstrual period, moreover, it's very easy that the menstruation was affected by the exterior or interior factors. So that it's very important for a woman to properly protect herself from being affected in her menstrual period. However, in this case, the patient didn't pay attention to nursing herself well in her menstrual period. She had strenuous exercise when her menstruation occurred. Therefore, not only the flowing of the Qi and blood all over the body was severely disturbed, but also the Qi was extra consumed. While Qi is the commander of blood, it commands the flowing of blood. When Qi was extra consumed, it became too weak to effectively promote the flowing of blood as normal. As a result of it, the menstruation could not smoothly flow out as normal and then there was blood stasis in the uterus. So that the patient had the prickling pain in the lower abdomen.

Therapeutic Principle: Dredging the obstructed meridian and collateral, promoting blood circulation and activating the stagnant

Qi, removing the blood stasis in order to stop the pain.

Acupuncture Treatment: LR6, ZhongDu of one side was selected for acupuncture. A 1.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 1.2 cun. The needle was first manipulated with lifting and thrusting technique in order to produce the needling sensation, after the needling sensation appeared, it was manipulated with reducing technique so as to induce the needling sensation to spread upward and downward all over the whole calf and the ankle, (sometimes the needle sensation could be induced to spread upward to the perineum and lower abdomen). Finally, the needle was retained in the acupoint for 30 minutes totally, during the process of retaining, the needle was regularly manipulated with reducing technique once every 10 minutes. On withdrawal, the needle was shaken around and pulled out slowly in order to enlarge the hole.

Effect Observation: Under performing such acupuncture for 10 minutes, the abdominal pain was relieved greatly, she didn't groan and moan any more. After once treatment, the pain disappeared at all. She was treated by such acupuncture twice totally, and then there wasn't discomfort on her any longer. After 1 week's follow-up, the abdominal pain didn't relapse, then it's end.

Case 2

Patient: Niu, female, age 28 years, peasant.

Chief Complaint: Repeated abdominal pain with menstrual onset for 3 years.

History of Present Illness: Three years ago, the patient often worked in the damp fields, then she slowly suffered from repeated abdominal pain after every menstrual onset. Once her menstruation

occurred, an aching pain would also appear in the lower abdomen, accompanied with severe limpness of limbs, lassitude, fatigue and aching sensation all over the body, so that she had to have a rest at home. Usually the severe pain prevented her from doing some common daily working by herself. Since the illness came on, she had been to some hospitals for treatment. Through physical examination, it was diagnosed as "Dysmenorrhea" and she was often treated with oral taking some Chinese herbs and western medicines. Sometimes when the abdominal pain became more prominent, she had to be treated with intramuscular injecting "Anisodamine and Atropine". Over the past 3 years, she was continuously annoyed by the abdominal pain, which was repeatedly caused by her each menstrual onset. Then she came to me for treatment on March 23, 1996 through somebody. After the illness came on, her appetite, sleeping, urination and bowel motions were all in normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Pulse thready and soggy, tongue pale and teeth-printed with a thin layer of watery fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Heart and lungs were all normal. The abdomen was soft and flat. There were not tenderness, rebound tenderness and muscular tension all over the abdomen. The structure and movement of the limbs were all normal. No pathological reflex positive. No other abnormality present.

Diagnosis: Dysmenorrhea.

Differentiation: This disease, in TCM, pertains to the category of "TongJing" (dysmenorrhea). It was caused by dampness-cold evil, which soaked the body for many months and years. Therefore,

the dampness-cold evil attacked the uterus and then caused there was accumulation of dampness-cold evil in the uterus. As a result of it, the menstruation could not smoothly flow out as normal, then the patient had the dysmenorrhea. In addition, Qi and blood of whole body were also soaked by the dampness-cold evil for months and years, therefore, it prevented the Qi and blood from flowing smoothly as normal, which was manifested by the severe limpness of limbs, lassitude, fatigue and aching sensation all over the body.

Therapeutic Principle: Warming the uterus in order to expel the cold-evil, activating the flowing of blood and removing the blood stasis, normalizing and regulating the menstruation, warming and dredging the meridians.

Acupuncture Treatment: CV4, GuanYuan was selected for acupuncture and herb-cake moxibustion. The treatment was performed in the period 1 week before her menstrual onset. At first, a 1.5 cun needle was perpendicularly inserted into the selected acupoint, the depth of insertion was about 1.0 cun. The needle was first manipulated with mild reducing and reinforcing technique in order to produce the needling sensation, after the needling sensation appeared, it was manipulated with reinforcing technique to induce the aching and heaviness needling sensation to spread around. Finally, the needle was retained in the acupoint for 30 minutes in total, manipulating the needle with reinforcing technique once every 10 minutes during the process of retaining. On withdrawal of the needle, it was pulled out rapidly and the hole was immediately pressed firmed. Afterward, herb-cake moxibustion was employed immediately. The prescription of the herb-cake was as below:

XuDuan, Teasel Root 15g

XuDuan, Teasel Root 15g

XianMao, Curculigo Rhizome 15g

NiuXi, Achyranthis Root 20g

DangGui, Chinese Angelica Root 15g

RouGui, Cassia Bark 30g

ChuanXiong, Chuanxiong Rhizome 15g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some flour and ginger juice to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes totally, performing such acupuncture and herb-cake moxibustion once a day. The treatment should be stopped when her menstruation occurred. In addition, she was suggested to stay off cool and cold food during the treatment.

Effect Observation: After 5 times' such treatment, the patient's menstruation recurred. During this intermenstrual period, she merely suffered from slight heaviness and distending sensation in the lower abdomen, but the aching pain did not come back again. Lassitude, fatigue and limpness of limbs were all relieved greatly. Then she was told to have such treatment once more in the period 5 days before her next menstrual onset. After such treatment, the patient didn't suffer from any discomforts any more during her intermenstrual period. After 6 months' follow-up, the illness didn't relapse, then it's end.

4. Postpartum Subinvolution of Uterus

Case

Patient: Dai, female, age 26 years, housewife.

Chief Complaint: Postpartum abdominal pain for 1 day.

History of Present Illness: Seven days ago, the patient experienced her first parturition. From then on, she and her infant had been all in normal. 1 day ago, she suddenly suffered from a pain in the lower abdomen without any obvious causes. It's a paroxysmal dull pain and occurred sometimes mildly and sometimes severely, but it wasn't accompanied with headache, dizziness, hemorrhage and other uncomfortable sensations. Then she was sent to a local hospital for treatment. Through physical examination, it was diagnosed as "Postpartum Subinvolution of Uterus", she was treated with intravenous dripping some antispasmodic and energy drugs. After 1 day's treatment, the abdominal pain did not abate yet, it still occurred intermittently. Then her husband asked me for treatment on November 23, 1999. After the illness came on, her appetite, sleeping, urination and bowel motions were all in normal. There was not other complaint.

Physical Examination: The patient appeared conscious with a normal general condition. Tongue light red with a thin layer of white fur. Some petechiae was seen on the edge of the tongue. Pulse taut, thready and uneven. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Heart and both lungs were all normal. Soft and flat abdomen without rebound tenderness and muscular tension. Spleen and liver impalpable in both inferocostal regions. Gynecological examination revealed the fundus of uterus was at the level 3cm below the umbilicus, which was soft in texture with slight tenderness, the vagina was unobstructed with some dark red blood in it. No other abnormality present.

Diagnosis: Postpartum Subinvolution of Uterus.

Differentiation: This disease, in TCM, pertains to the category of "ChanHouFuTong" (postpartum abdominal pain). It was caused

by the postpartum deficiency of Qi and blood, the deficient Qi and blood were inability to effectively astringe the uterus as normal, then the blood stasis was retained in the Jueyin meridian and there was stagnancy of meridian Qi in Jueyin meridian. So that the patient had the pain in the lower abdomen.

Therapeutic Principle: Dredging the obstructed meridian and collateral, invigorating Qi and removing blood stasis, activating the stagnant meridian Qi and relieving the pain.

Acupuncture Treatment: LR6, ZhongDu of one side was selected for acupuncture. At first, a 1.5 cun needle was perpendicularly inserted into the selected acupoint, the depth of insertion was about 1.2 cun. The needle was first manipulated with twirling and rotating technique in order to induce the needling sensation, after the needling sensation appeared, it was manipulated with mild reducing and reinforcing technique so as to induce the needling sensation to spread downward along the anterior aspect of the tibia, continuously, it was manipulated with the technique of Yang hiding in Yin (containing the therapeutic intention of reinforcing effect precisely resideing in the reducing effect) and then retained in the acupoint for 30 minutes totally. During the process of retaining, the needle was regularly manipulated with the technique of Yang hiding in Yin once every 10 minutes. On withdrawal of the needle, it was twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: Under once above treatment, the abdominal pain disappeared immediately. Then she was told to pay attention to nursing herself well. After a week's follow-up, the patient was in good condition all along. Physical examination revealed that the involution of her urterus had achieved

completely. Then it's end.

5. Postpartum Pain of Wrist

Case

Patient: Dai, female, age 24 years, worker.

Chief Complaint: Postpartum pain of dextral wrist for 9 months.

History of Present Illness: Nine months ago, the patient experienced her first parturition. Half a month later, she had an aching pain in her dextral wrist. It was a continuous aching pain and affected the motion of the dextral wrist, so that she couldn't do some common daily working such as holding a bowl or lifting a pail. Then she was sent to a local hospital for treatment, through physical examination, it was diagnosed as "Rheumatic Arthritis". She was then treated by external applying plaster and oral taking some anodyne drugs. After almost half a year's treatment, no protrudent curative effect appeared on her. Then she had to be treated by acupuncture, the used acupoints are mostly located in the affected joint such as LI4, HeGu and LI11, QuChi and so on. She accepted such treatment for 3 months in total while she still suffered from the aching pain in her dextral wrist as before. Then she came to me for treatment on November 12, 1992. After the illness came on, her appetite, sleeping, urination and defecation were all in normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Pulse tense and uneven, tongue dark red with a thin layer of white fur. Heart, both lungs and abdomen all negative. The dextral wrist was normal in structure and configuration. Prominent tenderness present over the lateral and posterior side of the dextral joint, dorsiflexion and abduction were all

limited. No redness and swelling in the affected region. No other abnormality present.

Diagnosis: Postpartum Pain of Wrist.

Differentiation: It was caused by postpartum deficiency of Qi and blood. The deficient Qi and blood could not smoothly flow as normal, then the wrist could not be adequately nourished at the normal level, so that the patient suffered from the aching pain in the wrist.

Therapeutic Principle: Nourishing blood and activating blood flowing in order to adequately nourish the affected joint and relieve the aching pain in the joint.

Acupuncture Treatment: BL17, GeShu of one side was selected for acupuncture and herb-cake moxibustion. At first, a 1.5 cun needle was perpendicularly inserted into the selected acupoint, the depth of insertion was about 0.6 cun. The needle was first manipulated with mild reducing and reinforcing technique, it was retained in the acupoint for 30 minutes totally, manipulating the needle with the same technique once every 10 minutes. On withdrawal of the needle, it was pulled out rapidly and the hole was immediately pressed firmly with a cotton ball. Afterward, the herb-cake moxibustion was employed immediately. The prescription of the herb-cake was as below:

DangGui, Chinese Angelica Root 30g

SheXiang, Musk 1g

JiXueTeng, Spatholobus Stem 50g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some flour and ginger juice together to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes totally, performing such acupuncture and herb-

cake moxibustion once a day. At the same time, the patient was told to massage her dextral wrist 3 times a day, 15 minutes every time.

Effect Observation: After 6 days' treatment, the aching pain in the wrist disappeared. After 10 days' such treatment, the patient didn't suffer from any discomforts any more. After half a year's follow-up, the illness didn't relapse, then it's end.

6. Menopausal Syndrome

Case

Patient: Zhao, female, age 51 years, retired worker.

Chief Complaint: Chest oppression, palpitation, nausea and abdominal distension for more than 2 months.

History of Present Illness: More than 2 months ago, the patient suffered from chest oppression, palpitation, abdominal distention and nausea without any obvious causes. These symptoms occurred paroxysmally. When occurring severely, she suffered from the chest oppression so much that she could hardly support herself, her breath became uneven and difficult, at the same time, there appeared severe palpitation and frequent nausea sensation. As being in the suffering, she always tended to sick out something while nothing could be vomited out. In addition, the patient usually suffered from abdominal distension, poor appetite and anorexia. After the illness came on, she went to a local hospital for treatment. Through physical examination, it was diagnosed as "Menopausal Syndrome", she was given the treatment of oral taking some medicines such as "Bolus of Six Drugs Including Rehmannia, VitC, VitBco, Oryzanol and Pills for Treating Menopausal Syndrome". After 2 months' such treatment, the above symptoms could not be alleviated yet. Then she came to this hospital for

treatment on July 26, 2002. After the illness came on, her appetite got poor while her sleeping, urination and defecation were all in normal. There was not other complaint.

Physical Examination: The patient was conscious with a normal general condition. Pulse taut and tense, tongue dark red with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. The respiratory sounds in both lungs were all clear. No rhonchi and moist rales could be heard. Heart and abdomen all negative. No other abnormality present.

Diagnosis: Menopausal Syndrome.

Differentiation: This disease, in TCM, pertains to the category of “FuRenZangZao” (hysteria of women). It was caused by deficiency of hepatic and renal Yin due to exhaustion of reproductive essence in the menopause stage. The deficient hepatic and renal Yin could not effectively restrain the hyperactivities of hepatic Yang, then the hyperactive hepatic Yang directly caused the nervous vomiting and nausea sensation; additionally, the hyperactive hepatic Yang excessively suppressed the spleen, then the excessive suppression of spleen resulted in abdominal distension, poor appetite and anorexia; furthermore, the hyperactive hepatic Yang disturbed the functional activities of heart, then the chest oppression and palpitation were caused.

Therapeutic Principle: Clearing away heat evil and cooling the liver, striking the stubborn Qi-stagnancy and dredging the obstructed meridian, regulating the functional activities of the internal organs.

Acupuncture Treatment: SP21, DaBao of one side was selected for herb-cake moxibustion. The prescription of herb-cake was as below:

HuangQin, Scutellaria Root 10g

HuangLian, Coptis Root 10g

BingPian, Borneol 5g

MuDanPi, Tree Peony Bark 20g

ZhiShi, Immature Bitter Orange 10g

ChaiHu, Bupleurum Root 10g

QingPi, Green Tangerine Peel 10g

ShengDiHuang, Dried Rehmannia Root 20g

All the above herbs were to be ground into fine powder and mixed together. When used, some mixed powders were mixed together with some water and flour to make out a coin-shaped herb-cake, one herb-cake was set at the acupoint of SP21, DaBao in order to be baked with a firing moxa roll, performing such herb-cake moxibustion 30 minutes each time, once a day. During the treatment, her diet should stay off hot and greasy food.

Effect Observation: Under once such herb-cake moxibustion, the patient had flatus constantly. However, her chest oppression, palpitation, abdominal distention and nausea were all alleviated greatly. After 3 times' herb-cake moxibustion, there was not other uncomfortable sensation any more. After 8 times' treatment, the patient got recovered completely. After 3 months' follow-up, the patient was in good health all along, then it's end.

7. Leukorrhagia

Case

Patient: You, female, age 24 years, college student.

Chief Complaint: Profuse leukorrhea for half a year, accompanied with fatigue and lassitude.

History of Present Illness: Half a year ago, the patient

suffered from profuse leukorrhea without any obvious causes, accompanied with fatigue and lassitude of whole body. Usually, her leukorrhea was profuse in amount, white in colour and turbid in texture, just like the rice-water. Thereby, her underpants was often wetted. While there weren't special smell, pus and bleeding. After the illness came on, she went to a local hospital for treatment. Through physical examination, there were not organic changes on her. She was then treated with some anti-inflammatory drugs and Chinese patent medicines. After half a year's treatment, she still suffered from the profuse leukorrhea, which occurred continuously and looked like rice-water. More troublesomely, she suffered from fatigue and lassitude all along, which always caused she had severe limpness of limbs. Then she came to this hospital for treatment on July 1, 1992. After the illness came on, her urination and bowel motions were all in normal. But her appetite was poor all along. There was not other complaint.

Physical Examination: The patient appeared conscious with pale and lusterless complexion. Spiritless appearance, asthenia of Qi and disinclination to speak. Pulse slippery and soggy, tongue light red with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. The respiratory sounds in lungs were all clear, no rhonchi and moist rales could be heard. No abnormal sign in heart and abdomen. Gynecological examination negative. No other abnormality present.

Diagnosis: Leukorrhagia.

Differentiation: This disease, in TCM, pertains to the category of "DaiXia" (leukorrhagia). Under normal conditions, women's leukorrhea stems from the spleen-Yin, whose source is daily food and water. The physiological function of leukorrhea is nourishing

and lubricating the vagina, the splenic Qi is responsible for controlling its secretion within normal limit. In this case, the splenic Qi was too asthenic to effectively control the secretion of leukorrhea within the normal limit, therefore, there was extra consuming of Yin-fluid of body, which was manifested by the profuse leukorrhea.

Therapeutic Principle: Invigorating spleen and benefiting Qi so as to control the secretion of leukorrhea within the normal limit.

Acupuncture Treatment: SP3, TaiBai of one side was selected for acupuncture and ginger-partitioned moxibustion. At first, a 1.0 cun needle was vertically inserted into the selected acupoint. The needle was manipulated with mild reinforcing and reducing technique so as to induce the needling sensation. Finally, it was retained in the acupoint for 30 minutes in total. On withdrawal of the needle, it was gently twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly. Afterwards, a piece of coin-shaped ginger was set onto the acupoint for being baked by a burning moxa roll. When the patient felt very hot, the moxa roll should be taken away for a while, performing such ginger-partitioned moxibustion for 30 minutes each time. The above acupuncture and ginger-partitioned moxibustion treatment should be performed once a day.

Effect Observation: Under 3 times' such treatment, the leukorrhea reduced gradually. After 6 times' treatment, the leukorrhea got normalized. After 10 days' treatment, all the uncomfortable sensations disappeared. Then it's end.

8. Dysfunctional Uterine Hemorrhage

Case 1

Patient: Du, female, age 36 years, worker.

Chief Complaint: Continuous colporrhagia for 35 days.

History of Present Illness: Thirty-five days ago, the patient's menstruation recurred again. In the next week, her menstruation was dark red in colour and flowed out smoothly, just as her usual menstruation. However, the bleeding couldn't stop all along. The uncontrollable colporrhagia continuously occurred in drops, the blood became light red while without blood clot in it. Then she had to go to the gynecology department of a local hospital for treatment. Through physical examination, it was diagnosed as "Dysfunctional Uterine Bleeding". She was treated with oral taking some hemostats and intramuscular injecting a drug (its name was unknown). After more than 20 days' treatment, the patient still suffered from the continuous colporrhagia, which occurred in drops and was accompanied with slight dull pain in the lower abdomen. Then she came to this hospital for treatment on July 25, 2002. After the illness came on, her appetite, sleeping, urination and defecation were all in normal. There was not other complaint.

Menstrual and Obstetrical Histories: 13 $\frac{6 \sim 7}{28}$ 2002-6-20; 1-0-1-1.

Physical Examination: The patient appeared conscious with a sallow, lusterless complexion. Asthenia of Qi and disinclination to talk. Pulse thready and soft, tongue light red with a thin layer of white fur. No evident congestion in pharyngeal wall. No abnormality in heart, both lungs and abdomen. Result of gynecological examination revealed the uterus and the both sides of adnexa were all normal, the vagina was unobstructed and there was some dark red blood in it. No other abnormality present.

Diagnosis: Dysfunctional Uterine Hemorrhage.

Differentiation: This disease, in TCM, pertains to the category of “Lou-syndrome” (metrostaxis). It was caused by asthenia of splenic Qi, which was too weak to control the flow of blood within the normal limit. So that the menstruation flowed out too much and became uncontrolled. As for the dull pain in the lower abdomen, it was caused by the uncontrolled menstruation, which caused the deficiency of blood and then the internal organs could not be adequately nourished as normal, therefore, there appeared the dull pain in the lower abdomen.

Therapeutic Principle: Warming the meridian, awakening the spleen and invigorating the splenic Qi in order to control the bleeding of menstruation within the normal limit.

Acupuncture Treatment: SP1, YinBai of one side was selected for herb-cake moxibustion. The prescription of the herb-cake was as below:

DangShen, Pilose Asiabell Root 30g

SanQi, Root of Notoginseng 20g

BingPian, Borneol 5g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some water and flour to make out coin-shaped herb-cake. One herb-cake was set onto the selected acupoint, and then baked with a burning moxa-roll for 30 minutes totally, having such herb-cake moxibustion once a day.

Effect Observation: Under once such moxibustion, the colporrhagia got less and less in amount, the abdominal pain disappeared at all. After 3 times' herb-cake moxibustion, there weren't colporrhagia any longer. Altogether the treatment was performed for 8 times. After 2 months' follow-up, the patient was in

good health all along, the illness didn't relapse, then it's end.

Case 2

Patient: Dai, female, age 26 years, accountant.

Chief Complaint: Continuous colporrhagia for 25 days.

History of Present Illness: Twenty-five days ago, the patient experienced artificial abortion because of her early pregnancy. From then on, she had been in the trouble of continuous colporrhagia, which was fresh red in colour, less in amount and continuously occurred in drops. But there was no blood clot in it. Then she went to the gynecology department of a local hospital for treatment. Through physical examination, it was diagnosed as "Uterine Hemorrhage After Artificial Abortion". She was treated with oral taking and intramuscular injecting some hemostats and anti-inflammation drugs. After more than 10 days' treatment, the patient still suffered from the continuous colporrhagia, which still continuously occurred in drops, sometimes accompanied with slight dull pain in the lower abdomen. Then she went to a health centre for women and children and was also treated with intravenous dripping some hemostats and antibiotics. After about 1 week's treatment, the colporrhagia wasn't relieved yet. Then she came to this hospital for treatment on October 25, 2002. After the illness came on, her appetite, sleeping, urination and defecation were all in normal. There was not other complaint.

Menstrual and Obstetrical Histories: 14 $\frac{6-7}{28}$ 2002-9-19;1-0-1-0.

Physical Examination: The patient appeared lucid with a pale and lusterless complexion, accompanied with asthenia of Qi and disinclination to speak. Pulse thready and soggy, tongue light red

with a thin layer of white fur, the edge of tongue swollen and teeched-printed. No evident congestion in pharyngeal wall. No abnormality in heart, both lungs and abdomen. Results of gynecological examination revealed the uterus and the both sides of adnexa were all normal, the vagina was unobstructed and there was some fresh red blood in it. No other abnormality present.

Diagnosis: Uterine Hemorrhage After Artificial Abortion.

Differentiation: This disease, in TCM, pertains to the category of “Lou-syndrome” (metrostaxis). After artificial abortion, the meridian of uterus was injured, therefore, the Qi and blood were all extra consumed, so that deficiency of Qi and blood was caused. The deficient Qi couldn't normally control the blood's flowing and couldn't effectively astringe the uterus, then the injured meridian of uterus couldn't be astringed firmly, it meant the injured uterus became more flabby than normal. But the flabby and injured uterus certainly resulted in continuous colporrhagia. According to such pathogenesis, we can draw a conclusion that this illness was actually caused by deficiency of gastrosplenic Qi, which was too weak to control the flowing of blood within the normal limit. So that the blood flowed out too much and became uncontrollable. As for the dull pain in the lower abdomen, it was caused by the uncontrolled hemorrhage, which caused the deficiency of blood and then the internal organs could not be adequately nourished well as normal, therefore, the dull pain in the lower abdomen was caused.

Therapeutic Principle: Warming the meridian, awakening the spleen and invigorating the splenic Qi in order to stop the hemorrhage.

Acupuncture Treatment: SP1, YinBai of one side was selected for herb-cake, moxibustion. The prescription of the herb-

cake was as below:

DangShen, Pilose Asiabell Root 30g

SanQi, Root of Notoginseng 20g

BingPian, Borneol 5g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some water and flour to make out coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes totally, having such herb-cake moxibustion 30 minutes each time, once a day.

Effect Observation: Under once such moxibustion, the colporrhagia got less in amount obviously, the abdominal pain disappeared at all. After 3 times' moxibustion, her colporrhagia disappeared too. The treatment was performed for 5 times in total. After 4 months' follow-up, the patient was in good health all along, the illness didn't relapse, then it's end.

Chapter Four Pediatric Diseases

1. Hyperpyretic Convulsion

Case 1

Patient: Gao, male, age 3 years.

Chief Complaint: High fever for 2 days, convulsion for 15 minutes.

History of Present Illness: Two days ago, the patient had a fever because of catching a cold, it was accompanied with cough and dizziness. His body temperature rose up to 39.9°C. Then he was led to a local hospital for treatment, after physical examination, it was diagnosed as "Common Cold", he was then treated with oral taking

some antibiotic and antipyretic drugs for 2 days, but his high fever remained unchanged, the body temperature still fluctuated between 39.5°C and 39.9°C. Fifteen minutes ago, the boy was suddenly attacked by abrupt onset of convulsion, he lost his consciousness and his forearms flexed back, besides, his hands fisted firmly with stiff neck, lockjaw, up-staring eyes, most characteristically, his body bent backward and became the characteristic opisthotonos position. Then his mother immediately brought him to this hospital for first aid on February 11, 1999. After the illness came on, his sleeping, appetite, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was in unconsciousness, his forearms flexed back and the hands fisted firmly with stiff neck, lockjaw, up-staring eyes and the characteristic opisthotonos position. His forehead, hands and feet were scalding when touched upon. There was not enough time to examine the pulse, the tongue, the lungs, the heart and the abdomen because of the emergency. No other abnormality present.

Diagnosis: Hyperpyretic Convulsion.

Differentiation: This disease, in TCM, pertains to the category of “JiJingFeng” (acute convulsion). It was caused by the attack of wind-heat evil from the exterior, for which was not timely eradicated, then the extreme heat evil produced the endogenous wind evil. As its character, the endogenous wind has a tendency to directly disturb the functional activities of mentality, therefore, the unconsciousness and convulsion was caused.

Therapeutic Principle: Relieving the secondary aspect in the acute stage; rapidly suppressing the endogenous wind evil in order to stop the convulsion, restore the consciousness and tranquilize the

mind. Treating the primary aspect in the chronic stage: when the convulsion was relieved, using some heat-clearing and toxin-eliminating herbs, superficies-releasing and pungent-flavored, cool-charactered herbs in order to effectively eradicate the wind-heat evil.

Acupuncture Treatment: KI1, YongQuan of one side was rapidly selected for acupuncture. A 1.0 cun needle was inserted perpendicularly into the selected acupoint. The needle was continuously manipulated with twirling and rotating technique till the convulsion was stopped.

Effect Observation: After about 10 seconds' such acupuncture, the convulsion was stopped immediately. Afterward, his mother was told to take 5 doses of decoction of Mulberry Leaf and Chrysanthemum in order to clearing away wind-heat evil and release the superficies completely. After taking the decoctions, the patient's body temperature fell to normal. After 1 week's follow-up, the illness didn't relapse, then it's end.

Case 2

Patient: Wang, male, age 6 months.

Chief Complaint: Fever for 3 days, convulsion for 10 minutes.

History of Present Illness: Three days ago, the baby suffered from fever and cough due to having a cold. After physical examination in a local hospital, it was diagnosed as "Common Cold", he was treated with oral taking some antibiotic and antipyretic drugs for 2 days, but the high fever remained unchanged, his body temperature was still high at 39.9° C. More than 10 minutes ago, the baby was suddenly attacked by abrupt onset of convulsion, he lost his consciousness and continuously spat out a lot of whitish froth, his forearms flexed back, at the same time,

the hands fisted firmly with stiff neck, lockjaw, up-staring eyes, more characteristically, his trunk bent backward being in the characteristic opisthotonos position. Then his mother immediately brought him to this hospital for treatment on February 21, 1998. After the illness came on, his sleeping, appetite, urination and defecation were all in normal. There was not other complaint.

Physical Examination: The patient was in unconsciousness, his forearms flexed back and the hands fisted firmly with stiff neck, purple-coloured lips, lockjaw, and up-staring eyes. More characteristically, his trunk bent backward being in opisthotonos position. His forehead, hands and feet were scalding when touched upon. There was no enough time to examine the pulse, the tongue, the lungs, the heart and the abdomen because of the emergency. No other abnormality present.

Diagnosis: Hyperpyretic Convulsion.

Differentiation: This disease, in TCM, pertains to the category of “JiJingFeng” (acute convulsion). Originally, it’s just a syndrome caused by exogenous wind-heat evil. Nevertheless, the physiological trait of infant is manifested by hyperactive sufficient Yang-Qi and hypoactive scarce Yin-Qi. Therefore, the hyperactive sufficient Yang-Qi could be easily incited by the exogenous wind-heat evil, and then turned into the extreme heat-evil, which produced the endogenous wind evil that always tends to directly attack the cerebra and disturb the functional activities of mentality, therefore, the unconsciousness and convulsion was caused.

Therapeutic Principle: Opening the orifice in order to restore consciousness, activating blood flow and invigorating Qi. In addition, because the baby’s blood and Qi were all too tender to be hurt and the muscle was also very flimsy, the technique of

acupoint-pressing with finger should be employed instead of acupuncture.

Acupuncture Treatment: One of the patient's hands was pulled apart in order to select the acupoint of LI11, ShangYang for first aid. The acupoint of LI11, ShangYang was continuously heavily pressed by the nail of my thumb till the baby came to his senses.

Effect Observation: Under several seconds' such treatment, the convulsion was immediately stopped and then the baby began to cry aloud. Since his mother wanted to treat her baby's illness with intravenous dripping some antibiotic drugs, he was sent to the pediatric department for further treatment. After 3 days' follow-up, the convulsion didn't relapse. Then it's end.

2. Enuresis

Case

Patient: Feng, male, age 5 years.

Chief Complaint: Enuresis for 2 years.

History of Present Illness: The patient had been in the trouble of enuresis since 3 years old. He always wet the bed whenever it's daytime or nighttime, sometimes he even wet the bed twice in a night. In the recent half a year, he began to go to kindergarten. Unluckily, he still had enuresis as before when he was asleep at noon. Even when he was awake, his enuresis would be easily induced by emotional tension. Then his mother brought him to me for treatment on August 19, 2002. After the illness came on, his sleeping, appetite and bowel motions were all in normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Tongue light red with a thin layer of white fur. The fingerprint of index finger was pale and bluer in colour. The

single finger pulse-feeling method revealed thready and soft pulse. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs, heart and abdomen all negative. No other abnormality present.

Diagnosis: Infant Enuresis.

Differentiation: This disease, in TCM, pertains to the category of “YiNi” (enuresis). It was caused by the deficiency of renal Qi, which could not be effectively responsible for governing urination as normal and then resulted in enuresis.

Therapeutic Principle: Replenishing the deficient primordial Qi and warming up the Conception Vessel, restraining excessive consumption of primordial Qi in order to restore the urination-governing power to the kidney and then stop the enuresis.

Acupuncture Treatment: CV4, GuanYuan was selected for acupuncture and herb-cake moxibustion. At first, a 1.5 cun needle was perpendicularly inserted into the selected acupoint. It was manipulated with reinforcing technique so as to induce the needling sensation of aching and heaviness to spread all over the lower abdomen. At last, the needle was retained in the acupoint for 30 minutes altogether. During the process of retaining, the needle was regularly manipulated with reinforcing technique once every 10 minutes. On withdrawal, it was twirled around and then pulled out rapidly, the inserted hole was immediately pressed firmly. Afterward, herb-cake moxibustion was employed immediately. The prescription of the herb-cake was as below:

RouGui, Cinnamon Bark 10g

WuYao, Lindera Root 15g

MaHuang, Ephedra 15g

YiZhiRen, Bitter Cardamon 15g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some flour and water to make out coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa-roll for 30 minutes totally, performing such acupuncture and herb-cake moxibustion once a day.

Effect Observation: Under once such treatment, the patient didn't have enuresis any longer when he was awake in the daytime. After 3 days' treatment, he didn't suffer from enuresis in the nighttime. After 6 times' treatment, the infant didn't have enuresis any more. After 1 week's follow-up, the illness didn't relapse, then it's end.

Chapter Five Diseases of Skin

1. Facial Chloasma

Case

Patient: Luo, female, age 37 years, nurse.

Chief Complaint: Repeated relapse of facial chloasma for 12 years.

History of Present Illness: Twelve years ago, the patient suffered from facial chloasma after her normal parturition. At that time, she was busy suckling her baby, so she didn't pay much attention to it and see a doctor in time. Unexpectedly, the facial chloasma slowly disappeared by itself after lasting for about half a year. Then she took it for granted that the illness had been cured completely. Unfortunately, she had been involved in an endless trouble since then, for the chloasma kept relapse on her face again and again in the peachblossom-blooming period after every vernal

equinox, whose shape was just like the butterfly's wings scattering on her both cheeks. As usual, its every reappearance always persisted till autumnal equinox of the year. While her face became absolutely normal again during the period from the autumnal equinox of the year to the vernal equinox of the next year. In the past 12 years, its relapse never missed a spring. When it relapsed, her cheeks turned to yellowish-brown in colour and became lusterless. The regional surface of the affected skin became dry and desquamative, accompanied with strong itching sensation. During the past 12 years, the patient had been to many hospitals for treatment, she was treated by not only oral taking numerous western medicines and Chinese herbs, but also external applying many kinds of ointment and face cream. Under the treatments, the itch sensation and desquamation of the affected skin could be relieved. However, her facial chloasma remained its reappearance in every spring. Then she asked me for treatment on February 8, 1994. She told me this spring would come back soon, she was afraid of its recurrence very much. So she asked me to treat it in advance. After the illness came on, her appetite, sleeping, urination and defecation were all in normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Tongue deep red with a thin layer of white fur. Pulse taut and uneven. Skin of her face was just ruddy and luster. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs all clear to auscultation. No moist rales and rhonchi could be heard. No abnormal sign in heart and abdomen. No other abnormality present.

Diagnosis: Facial Chloasma.

Differentiation: This disease, in TCM, pertains to the category

of “MianChen, GanBan” (facial fleck, patches on skin resulted from hepatic disease). It was caused by the stagnated hepatic Qi and the stagnated fever in the liver. According to the theory of five elements motion and six kinds of weather, Jueyin wind-wood plays a leading role during the period after vernal equinox in the nature, correspondingly, the hepatic Qi ought to play a leading role during this period in the body, for such phenomenon just reflects the growing tendency of every thing in spring. While in this case, there had been the stagnated hepatic Qi and stagnated fever in the liver. Because the hepatic Qi was calm and the hepatic fever was silent in autumn and winter, the patient’s face could be normal in autumn and winter. Nevertheless, the hepatic Qi plays a leading role in spring with the growing tendency of every thing in the nature, therefore, the stagnated hepatic Qi and the stagnated hepatic fever accordingly began to play their pathologic effect, they fled upward to the face along the Liver Meridian of Foot-Jueyin. As a result of it, the facial chloasma was caused. This is why the sickness kept relapse in every spring again and again. Essentially, this case was just the syndrome caused by the stagnated hepatic Qi and the stagnated fever in the liver.

Therapeutic Principle: Clearing away heat evil and cooling liver, dispersing the stagnated hepatic Qi and dredging the obstructed meridian and collateral, removing the blood stasis and exterminating the chloasma.

Acupuncture Treatment: BL18, GanShu was selected for acupuncture and cupping therapy. A 1.5 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 0.6 cun or so, the needle was manipulated with reducing technique and retained in the acupoint for 30 minutes in

total. During the process of retaining, it was regularly manipulated with the same reducing technique once every 10 minutes. On withdrawal of the needle, it was rotated around and then pulled out slowly in order to enlarge the hole. Afterward, cupping therapy was employed immediately, a cup was quickly placed onto the inserted acupoint with fire twinkling method, keeping the cup on the acupoint for 15 minutes totally, performing such treatment once every day.

Effect Observation: After 12 days' treatment, it was vernal equinox of the year, peaches began to bloom in the field of Lanzhou, while her facial chloasma didn't relapse. The treatment was then performed for 10 days, at that time, the field had been widely spreaded with peachblossom everywhere, but her face remained smooth and ruddy as normal. Then she was told to stop the above treatment and take "Xiaoyao Pills" instead for consolidating the curative effect. After 2 years' follow-up, the illness didn't relapse. Then it's end.

2. Allergic Dermatitis

Case

Patient: Jia, male, age 22 years, accountant.

Chief Complaint: Facial maculopapules for half a year after intramuscular injecting ampicillin.

History of Present Illness: Ten months ago, the patient had "Lobar Pneumonia" without any obvious causes, then he was treated by intramuscular injecting "ampicillin". At that time, there appeared some discomforts on him such as strong itching sensation and maculopapules on the skins all over the body. So that he was treated by some antiallergic agents and hormone. Under the treatment, the itching sensation disappeared quickly, most of the maculopapules

disappeared too, only some maculopapules on his face remained unchanged, which were all dark red in colour and patch-like in size. They scattered on the surface of the face, especially on the skin of his forehead. During the past half a year, the patient had been treated by numerous western medicine and Chinese herbs in several hospitals. But all the treatment could not remove the maculopapules on his face, moreover, which was always accompanied with itching sensation and desquamation. Then he came to me for treatment on July 21, 1994 through one of my friends. After the illness came on, his appetite, sleeping, urination and bowel motions were all in normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. The complexion was dark red in colour and lusterless. There were some pieces of maculopapules diffusely distributing on the surface of the both cheeks, lips and forehead. The maculopapules were all dark red in colour. The maculosum were all varied in size and shape, the papules looked like millets or mung beans. But there were not ulceration, exudation and erosion etc on the surface of the affected regions, only some desquamation could be found. Tongue deep red with a thin layer of white fur. Pulse taut and uneven. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs all clear to auscultation. No rhonchi or moist rales could be heard. Heart and abdomen all negative. No other abnormal sign present.

Diagnosis: Allergic Dermatitis.

Differentiation: This disease, in TCM, pertains to the category of “YaoZhen, ZhongYaoDu” (drug rash or drug toxicosis). It was caused by the allergic drug, whose toxin was retained in the body and diffused into the blood. Although the toxin had been mostly

eliminated by the previous treatment, the toxic materials were not completely eliminated. Furthermore, the toxin diffused into the blood and then turned into fire evil, which fled into the meridians and collaterals so deeply that it could not be easily eliminated by common medicines such as antiallergic agents and hormone, for the efficacy of those medicines couldn't get into the affected meridians and collaterals where the fire evil was lurking. Actually, this case is a typical syndrome of the evils hiding into the collaterals due to a long time's illness, this is why it could not be easily cured although he had gotten numerous treatments.

Therapeutic Principle: Clearing away heat evil and dredging the meridian, drawing away the toxin and cooling blood, inducing the subsidence of swelling and exterminating the maculopapules.

Acupuncture Treatment: BL17, GeShu—the influential acupoint of blood was selected for acupuncture and cupping therapy. A 1.5 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 0.6 cun or so, the needle was manipulated with reducing technique and retained in the acupoint for 30 minutes in total. During the process of retaining, it was regularly manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was gently rotated around and then pulled out slowly in order to enlarge the hole. After performing the acupuncture, cupping therapy was employed immediately, a cup was quickly placed onto the selected acupoint with fire twinkling method, keeping the cup on the acupoint for 15 minutes totally, performing such treatment once every day.

Effect Observation: After 3 days' treatment, the colour of the affected skin became obviously lighter than before. The dark red maculas mostly disappeared and most of the papules got

withered. After 12 days' treatment, the maculopapules on the face disappeared completely, his complexion became white and lustrous just as normal. After half a year's follow-up, the illness didn't relapse. Then it's end.

3. Solaris Dermatitis

Case

Patient: Sun, male, age 66 years, teacher.

Chief Complaint: Itching sensation of whole body for 15 days.

History of Present Illness: Fifteen days ago, the patient suffered from itching sensation of whole body because of being sun-drenched in the broiling summer, accompanied with flush maculas on the surface of face, neck and the upper limbs. As soon as he was in sunlight, the itching sensation became more insufferable, so that he dare not go outdoors. After being treated with external applying "Green Ointment and PiYanPing Ointment" in a local hospital, the itching sensation could not be relieved yet. Then he came to this hospital for treatment on July 21, 1994. In the past several years, the patient had gotten similar trouble in every summer and it had been diagnosed as "Solaris Dermatitis". After the illness came on, his appetite, sleeping, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Pulse tense and uneven, tongue dark red with a thin layer of white fur. There were many irregular pieces of flush maculae sporadically scattering on the surface of face, neck and upper limbs. Some bands of scratched marks were seen on the affected skin. No evident congestion in pharyngeal wall. Both tonsils swelling I°. The respiratory sounds in both lungs were all clear. No

rhonchi and moist rales could be heard. No abnormal sign in heart and abdomen. No other abnormality present.

Diagnosis: Solaris Dermatitis.

Differentiation: This disease, in TCM, pertains to the category of “FengDu” (syndrome caused by wind-evil). In summer, the skin and interstices became more loose than usual, therefore, it’s very easy for the heat evil to directly get into the blood and cause the blood-heat, ulteriorly, the blood-heat produced the endogenous wind-evil, which annoyed the patient with the strong itching sensation all around the body.

Therapeutic Principle: Clearing away heat evil and cooling the blood, activating the blood flowing and drawing the toxin out of the blood in order to expel the endogenous wind-evil and relieve the itching sensation.

Acupuncture Treatment: BL17, GeShu—the influential acupoint of blood, was selected for acupuncture and cupping therapy. A 1.5 cun needle was perpendicularly inserted into the selected acupoint, the depth of insertion was about 0.6 cun. The needle was first manipulated with reducing technique, it was retained in the acupoint for 30 minutes totally, manipulating the needle with the same technique once every 10 minutes. On withdrawal of the needle, it was gently shaken around and pulled out slowly in order to enlarge the hole. Afterward, cupping therapy was employed immediately, a cup was quickly placed onto the selected acupoint with fire-twinkling method, keeping the cup on the acupoint for 15 minutes altogether, performing the above treatment once every day.

Effect Observation: After once treatment, the itching sensation disappeared immediately. He was treated by such therapy 5 times in

total and then there were not any discomforts any more. The flush maculae on the surface of face, neck and upper limbs disappeared too. After 1 week's follow-up, the illness didn't relapse, then it's end.

4. Cutaneous Pruritus

Case

Patient: Li, female, age 75 years, house wife.

Chief Complaint: Itching sensation of whole body for more than 10 years.

History of Present Illness: More than 10 years ago, the patient suffered from strong itching sensation of whole body without any obvious causes, accompanied with dryness of skins all around the body. The symptom occurred paroxysmally and annoyed her sometimes mildly and sometimes severely. When it annoyed her severely, she couldn't bear the strong itching sensation at all, so he had to temporarily relieve it leaning upon intramuscular injecting "chlorpheniramine maleate and dexamethasone". Over the past 10 years, although she had gotten numerous treatments, the illness could not be cured all along. Then she came to this hospital for treatment on March 2, 2002. After the illness came on, her appetite, sleeping, urination and defecation were all normal all along. There was not other complaint.

Physical Examination: The patient appeared lucid with a normal general condition. Drier and more desquamative skins all over the body without ulceration, exudation and erosion. Pulse floating and uneven, tongue dry and rough with dry layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Both lungs all clear to auscultation. No rhonchi or moist

rales. No abnormal sign in heart and abdomen. No other abnormality present.

Diagnosis: Cutaneous Pruritus.

Differentiation: This disease, in TCM, pertains to the category of “FengSaoYang” (itching sensation caused by wind evil). It was caused by deficiency of Yin and excess of Yang resulting from consensescence. As usual, when a person is older in age, correspondingly, its Yang became correspondingly excessive while its Yin became more deficient, such physiological state of old-aged person would cause the syndrome characterized by excessive Qi and deficient blood. As a result of it, the deficient blood could not effectively nourish the skin and muscle as normal, so that the skins and muscles became withered; nevertheless, the excessive Qi extra restrained the originally deficient blood, therefore, the deficient blood became more and more deficient. Finally, the deficient blood produced the endogenous wind evil, which caused the itching sensation all over the body.

Therapeutic Principle: Venting the excessive Qi and normalizing the functional activities of Qi, regulating Qi and blood in order to abate the itching sensation. Because the Triple Energizer Meridian of Hand-Shaoyang is characterized by excessive Qi and deficient blood, moreover, it connects with Yang Link Vessel at the acupoint of TE5, WaiGuan. Therefore, we could draw a conclusion that the Triple Energizer Meridian of Hand-Shaoyang is actually responsible for maintaining the normal functional activities of Qi all over the body. So that it should be vented for restoring the balance between Qi and blood in this case.

Acupuncture Treatment: TE5, WaiGuan of one side was selected for acupuncture. A 1.5 cun needle was vertically inserted

into the selected acupoint, the depth of insertion was about 1.0 ~ 1.2 cun. The needle was first manipulated with twirling and rotating technique so as to induce the needling sensation. After the needling sensation appeared, the needle was then manipulated rapidly with reducing technique in order to induce the needling sensation of aching, numbness and heaviness to spread upward to the lateral aspect of the upper arm through the lateral aspect of elbow joint and along the lateral aspect of the forearm. Finally, it was retained in the acupoint for 30 minutes totally. During the process of retaining, the needle was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was gently twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: Under 1 minute's such acupuncture, the patient didn't feel itching at once. After 1 month's follow-up, she was in good health all along and the illness didn't relapse, then she was told to oral take "Pills of Chinese Angelica" for nursing herself well. Then it's end.

5. Urticaria

Case 1

Patient: Zhou, female, age 19 years, high school student.

Chief Complaint: Urticae and itching sensation of both lower limbs for 2 days.

History of Present Illness: Two days ago, the patient suddenly suffered from some large pieces of red urticae without any obvious causes, accompanied with itching sensation of the affected regions. While there were not erosion, ulceration and exudation on the surface of the affected regions. After she was annoyed by the

illness, she went to a local hospital and then was treated with intravenous injecting “dexamethasone, calcium gluconate”. Under the treatment, the itching sensation was temporarily relieved for a while. Nevertheless, the large pieces of red urticae on her lower limbs remained unchanged, moreover, only half a day later, the itching sensation became more and more insufferable, even scratched about by herself, the itching sensation could not be relieved yet. Then she was led to me for treatment by her mother for treatment on August 30, 2002. After the illness came on, her appetite, sleeping, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was impatient and restless. Pulse floating and tense, tongue light red with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. The respiratory sounds in both lungs were all clear. No rhonchi and moist rales could be heard. Heart and abdomen all normal. Many large pieces of red urticae was present on the surface of the extensive regions from the anterolateral aspect of the thighs to the ankle joints, which were all protrudent above the surface of the affected skins and scattered sporadically. Some scratched marks were seen on the surface too. No other abnormality present.

Diagnosis: Acute Urticaria.

Differentiation: This disease, in TCM, pertains to the category of “YinZhen, FengTuan” (hidden eruption, urticaria). It was caused by exogenous wind-heat evil, which invaded the superficies and muscles from the exterior and then resided in the interspaces between the defensive and constructive hierarchic. As a result of it, the defensive Qi was stagnated and then could not freely shuttle around through the skins as normal; at the same time, some Yin

substances such as blood were stagnated too and could not return to blood circulation as normal. The stagnated defensive Qi could not effectively resist the attack of exogenous wind-heat evil, thereby, the strong itching sensation was caused; the stagnated blood was accumulated together under the skins and then many large pieces of red urticae appeared on the surface of the affected skins. Actually, this disease is just the syndrome caused by disorders of door-hinge of the body and imbalance between the defensive and constructive mechanism.

Therapeutic Principle: Restoring the balance between the constructive mechanism and defensive mechanism, normalizing the functional activities of door-hinge of the body. According to Syndrome-differentiation of Six Meridians established by Dr. Zhang Zhongjing, Shaoyang meridians are just the linchpins for dispersing Qi and blood, regulating the constructive and defensive mechanism of the whole body. Therefore, we can draw a conclusion that Triple Energizer and gallbladder are all the door-hinges organs of the body. Correspondingly, among the Twelve Regular Meridians, Shaoyang meridians of hand and foot are all characterized by excessive Qi and deficient blood, they are all the door-hinges to disperse the defensive Qi and regulate the constructive and defensive mechanism. So that the acupoints in Shaoyang meridians should be selected for treatment.

Acupuncture Treatment: GB34, YangLingQuan of one side was selected for acupuncture. A 2.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 1.5 cun. The needle was first manipulated with twirling and rotating technique so as to induce the needling sensation. After the needling sensation appeared, the needle was then manipulated rapidly with

reducing technique in order to induce the needling sensation to spread around from the lateral aspect of the knee joint and calf to the dorsum pedis along the lateral aspect of the calf. Finally, it was retained in the acupoint for 30 minutes in total. During the process of retaining, the needle was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was gently shaken around and pulled out slowly in order to enlarge the hole.

Effect Observation: After several seconds' such acupuncture treatment, the itching sensation of both lower extremities disappeared at once. Only after 1 ~ 2 minutes' acupuncture, under every one's seeing, the colour of the red urticae got more and more faint and the sizes of the urticae got smaller and smaller, every one was astonished by the magic curative effect. After less than 10 minutes' acupuncture, there were not red urticae on the surface of the extensive regions from the anterolateral aspect of the thighs to the ankle joints any more. After half a month's follow-up, the illness didn't relapse, then it's end.

Case 2

Patient: Zhu, female, age 29 years, teacher.

Chief Complaint: Repeated recurrence of red papules on the surface of both lower limbs and buttocks for 6 years.

History of Present Illness: Six years ago, the patient suffered from repeated recurrence of red papules on the surface of both lower limbs and buttocks without any obvious causes, accompanied with strong itching sensation of the affected skins. At the beginning, it always occurred irregularly. Later on, its occurring became extremely regular gradually, for its each attack certainly reappeared in every evening or when she was in silence and usually persisted for about

5 ~ 6 hours. During the period, many large pieces of red rice-sized papules appeared on the affected skins, accompanied with strong itching sensation. After the illness annoyed her, she had been to several hospitals for many times. Through physical examination, it was diagnosed as "Chronic Urticaria", she was treated with oral taking some antibiotic and anti-allergic drugs, but the treatments were not really effective against the illness. Then she had to be treated with oral taking some heat-clearing and superficies-releasing herbs, while there was not curative effect on her either. Moreover, during the past 2 years, the relapse of this illness never missed one evening, the period of its occurring became more and more long than before. Sometimes the severe symptoms annoyed her so much that she could not get to sleep throughout night, only by intravenous injecting "dexamethasone, calcium gluconate", could the strong itching sensation be temporarily relieved for a while. In the night of October 13, 2002, the above symptoms relapsed again, the insufferable itching sensation of the skins of both lower limbs and buttocks caused her restless very much. Then she came to me for treatment in the night. After the illness came on, her appetite, sleeping, defecation and urination were all normal all along. There was not other complaint.

Physical Examination: The patient was impatient and restless. Pulse taut and tense, tongue light red with a thin layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. The respiratory sounds in both lungs were all clear. No rhonchi and moist rales could be heard. Heart and abdomen all normal. Many large pieces of red papules was seen on the surface of the extensive regions from the anterolateral aspect of the thighs to the ankle joints and the surface of both buttocks, which were all

protrudent above the surface of the affected skins and scattered sporadically. Some scratched marks were seen on the surface too. No other abnormality present.

Diagnosis: Chronic Urticaria

Differentiation: This disease, in TCM, pertains to the category of “YinZhen” (hidden eruption). It was caused by wind-heat evil, which had previously gotten into the skins and interstices, furthermore, resided in the interspaces between the defensive and constructive hierarchic for a long time. As a result of it, the defensive Qi was stagnated and then could not freely shuttle around through the skins as normal; at the same time, some nourishing substances such as blood were stagnated too and could not return to blood circulation as normal. The stagnated defensive Qi was incited by the lurking wind-heat evil, thereby, the strong itching sensation was caused; the stagnated blood was accumulated together under the skins and then many large pieces of red papules appeared on the surface of the affected skins. Actually, this disease is just the syndrome caused by disorders of door-hinge of the body and imbalance between the defensive and constructive mechanism.

Therapeutic Principle: Restoring the balance between the constructive mechanism and defensive mechanism, normalizing the functional activities of door-hinge of the body. According to Syndrome-differentiation of Six Meridians established by Dr. Zhang Zhongjing, Shaoyang meridians are just the linchpins for dispersing Qi and blood, regulating the constructive and defensive mechanism of the whole body. Therefore, we can draw a conclusion that Triple Energizer and gallbladder are all the door-hinges organs of the body. Correspondingly, among the Twelve Regular Meridians,

Shaoyang meridians of hand and foot are all characterized by excessive Qi and deficient blood, they are all the door-hinges to disperse the defensive Qi and regulate the constructive and defensive mechanism. So that the acupoints in Shaoyang meridians should be selected for treatment.

Acupuncture Treatment: GB34, YangLingQuan of one side was selected for acupuncture. (each side of the selected acupoint was alternatively used in every other day.) A 2.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was 1.5 cun or so. The needle was first manipulated with twirling and rotating technique so as to induce the needling sensation. After the needling sensation appeared, the needle was then manipulated rapidly with reducing technique in order to induce the needling sensation to spread from the lateral aspect of the knee joint and calf to the dorsum pedis along the lateral aspect of the calf. Finally, it was retained in the acupoint for 30 minutes totally. During the process of retaining, the needle was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was gently shaken around and pulled out slowly in order to enlarge the hole. In addition, greasy, hot and fat food was forbidden during the treatment.

Effect Observation: After 3 ~5 minutes' such acupuncture, the itching sensation of both lower extremities and both buttocks disappeared at once, those small papules on the surface of the affected regions disappeared immediately too. At that night the patient had a deep and steady sleeping, the illness didn't relapse throughout the night. After 7 times' acupuncture treatment, the patient got restored completely. After half a year's follow-up, the illness didn't relapse, then it's end.

Case 3

Patient: Lu, female, age 28 years, teacher.

Chief Complaint: Repeated recurrence of red papules on the surface of both upper limbs, chest and back for half a year, accompanied with strong itching sensation.

History of Present Illness: Half a year ago, the patient suffered from some red papules on the surface of the both upper limbs, chest and back without any obvious causes, accompanied with strong itching sensation of the affected skins. Characteristically, the symptoms tended to occur in every evening or when she was in silence. When the symptoms was occurring, there were many corn-sized or needle-shaped red papules scattering on the surface of affected regions, accompanied with strong itching sensation. After the illness troubled her, she went to a local hospital for treatment. Through physical examination, it was diagnosed as "Chronic Urticaria", she was treated with external applying several kinds of ointment and oral taking anti-allergic drugs as well as subcutaneous injecting "interferon". After several months' such treatments, the symptoms were not relieved yet. Sometimes the severe symptoms annoyed her so much that she could not bear it, only by intravenous injecting "dexamethasone, calcium gluconate", could the strong itching sensation be temporarily relieved for a while. In the past half a year, the recurrence of the illness never missed a evening. Then she came to me for treatment on November 22, 2002 through somebody. After the illness came on, her appetite, sleeping, defecation and urination were all normal all along. There was not other complaint.

Physical Examination: The patient was conscious with a

normal general condition. Tongue light red with a thin layer of white fur. Pulse taut and thready. No evident congestion in pharyngeal wall. Both tonsils swelling I°. No abnormality in heart, both lungs and abdomen. There were many large pieces of dark red needle-sized and corn-sized papules on the surface of the both upper extremities, chest and back, which were all protrudent above the surface of the affected skins and scattered sporadically. There were not ulceration, exudation and erosion etc on the affected skins. No other abnormality present.

Diagnosis: Chronic Urticaria.

Differentiation: This disease, in TCM, pertains to the category of “YinZhen” (hidden eruption). It was caused by wind-heat evil, which had previously gotten into the skins and interstices, furthermore, resided in the interspaces between the defensive and constructive hierarchic for a long time. As a result of it, the defensive Qi was stagnated and then could not freely shuttle around through the skins as normal; at the same time, some nourishing substances such as blood were stagnated too and could not return to blood circulation as normal. The stagnated defensive Qi was incited by the lurking wind-heat evil, thereby, the strong itching sensation was caused; the stagnated blood was accumulated together under the skins and then there appeared many large pieces of red papules on the surface of the affected skins. Actually, this disease is just the syndrome caused by disorders of door-hinge of the body and imbalance between the defensive and constructive mechanism.

Therapeutic Principle: Restoring the balance between the constructive mechanism and defensive mechanism, normalizing the functional activities of door-hinge of the body. According to Syndrome-differentiation of Six Meridians established by Dr. Zhang

Zhongjing, Shaoyang meridians are just the linchpins for dispersing Qi and blood, regulating the constructive and defensive mechanism of the whole body. Therefore, we can draw a conclusion that Triple Energizer and gallbladder are all the door-hinges organs of the body. Correspondingly, among the Twelve Regular Meridians, Shaoyang meridians of hand and foot are all characterized by excessive Qi and deficient blood, they are all the door-hinges to disperse the defensive Qi and regulate the constructive and defensive mechanism. So that the acupoints in Shaoyang meridians should be selected for treatment.

Acupuncture Treatment: TE6, ZhiGou of one side was selected for acupuncture. (Each side of the selected acupoint was alternatively used in every other day.) A 1.5 cun needle was vertically inserted into the selected acupoint, the depth of insertion was about 1.0 ~ 1.2 cun. The needle was first manipulated with twirling and rotating technique so as to induce the needling sensation. After the needling sensation appeared, the needle was then manipulated rapidly with reducing technique in order to induce the needling sensation to spread upward from the lateral aspect of the forearm to the lateral aspect of the upper arm through the lateral aspect of elbow joint. Finally, it was retained in the acupoint for 30 minutes totally. During the process of retaining, the needle was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was gently twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly. In addition, greasy, hot and fat food was forbidden during the treatment.

Effect Observation: Under once such acupuncture, the patient felt only slight itching sensation of both upper extremities, chest and

back in the night. Under twice acupuncture, the illness didn't relapse in the next night. After 10 times' acupuncture treatment, the patient got restored completely. After half a year's follow-up, the illness didn't relapse, then it's end.

Chapter Six Ophthalmic Diseases

1. Acute Conjunctivitis

Case

Patient: Chen, female, age 28 years, accountant.

Chief Complaint: Redness, swelling, itch and pain of dextral eye for 5 days, accompanied with photophobia and lacrimation.

History of Present Illness: Five days ago, the patient's dextral eye became red and swollen without any obvious causes. The eye severely suffered from itching sensation and pain, accompanied with photophobia, lacrimation and much secretion of the eye. So she went to the local polyclinic and then was treated with "eye drops of anti-inflammatory and Guttae Cephmandole" and oral taking "Amoxicillin" for 5 days. However, there was no evident curative effect on her. Most troublesomely, the illness stopped her from working and studying. Then she came to this hospital for treatment on March 10, 2002. After the illness came on, her sleeping, appetite, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient appeared conscious with a normal general condition. No abnormal sign in heart, both lungs and abdomen. Pulse floating and rapid, tongue fresh red with a thin layer of white fur. The conjunctiva of dextral eye was severely congestive, the tarsuses of the eye were congestive and swollen, accompanied

with constant lacrimation. No other abnormality present.

Diagnosis: Acute Conjunctivitis.

Differentiation: This disease, in TCM, pertains to the category of “TianXingChiYan, BaoFengKeRe” (epidemic conjunctivitis, acute conjunctivitis caused by abrupt attack of exogenous wind-heat evil). It was just the Taiyang superficial syndrome caused by exogenous wind-heat evil, which attacked the body from the exterior and first affected the Taiyang Meridian. As a result of it, blood stasis and Qi-stagnancy were caused in the Hand-Taiyang Meridian, which were prominently manifested by the swelling and pain in the affected eye; besides, the exogenous wind-heat evil affected the Hand-Taiyang Meridian, as a result of it, stagnancy of meridian-Qi was also caused in Taiyang Meridian, which was reflected by the itching, photophobia and lacrimation.

Therapeutic Principle: Dredging the diseased meridian and clearing away heat evil, releasing the Taiyang superficial syndrome and expelling the exogenous wind-heat evil. Jing(well)-acupoint of Small Intestine Meridian of Hand-Taiyang should be selected for stimulating the Taiyang Meridian and promoting flowing of meridian Qi, as well as expelling the exogenous wind-heat evil.

Acupuncture Treatment: SI1, ShaoZe of dextral side was selected for blood-letting therapy with a three-edged needle and garlic-partitioned moxibustion. The selected acupoint was punctured with a three-edged needle in order to bleed more than 10 drops. After the dark red blood was dropped down, the colour of the blood would become fresh red gradually, at that time, the hole should be pressed firmly with a cotton ball in order to stop bleeding in time. Afterwards, a piece of coin-shaped garlic was applied onto the acupoint for being baked by a burning moxa roll. When the little

finger felt very hot, the moxa roll should be taken away for a while, performing such garlic-partitioned moxibustion for 30 minutes each time, twice a day. During the process of every garlic-partitioned moxibustion, a new piece of coin-shaped garlic should be applied.

Effect Observation: After once treatment, the itching and pain of dextral eye disappeared at once, redness and swelling were greatly relieved, photophobia and lacrimation disappeared too. Furthermore, she was told to perform garlic-partitioned moxibustion again at Wei o'clock (about 13:00 ~ 15:00) in her home, for when is the flowing period of the Small Intestine Meridian of Hand-Taiyang, the Qi and blood in Small Intestine Meridian of Hand-Taiyang are all just of flood tide and it is most suitable time to clear away the blood stasis and Qi-stagnancy from the Taiyang Meridian in the maximum degree. After the treatment, the redness and swelling of her dextral eye disappeared at all. The illness was cured completely, then it's end.

2. Hordeolum

Case 1

Patient: Wang, male, age 32 years, worker.

Chief Complaint: Redness, swelling and prickling-pain of sinister eye for 3 days.

History of Present Illness: Three days ago, the patient suffered from redness, swelling and prickling-pain in the sinister eye without any obvious causes, accompanied with much secretion of the eye, so that it was difficult for him to smoothly roll the sinister eyeball as normal, for it seemed that the eyeball was stuck by a sharp wimble when the eyeball was rolling around. After the illness came on, he went to the ophthalmic department of a local hospital, through physical examination, it was diagnosed as "Hordeolum of

Sinister Eye". The doctor he asked suggested treating the illness with an operation, but he was very afraid of the operation. Then he came to this hospital for treatment on April 25, 2002. After the illness came on, his sleeping, appetite, urination and defecation were all normal. There was not other complaint.

Physical Examination: The patient was lucid with a normal general condition. Pulse floating and tense, tongue light red with a thin layer of white fur. The mucous membrane of the pharyngeal wall wasn't congestive. Both tonsils swelling I°. No abnormality in heart, both lungs and abdomen. The tarsuses of the sinister eye were obviously congestive and severely swollen, they were scarlet in colour. The median part of the sinister upper eyelid was red and swollen, where there was a triticeous node, which was protrudent upward, just like a volcanic top. No other abnormality present.

Diagnosis: Hordeolum.

Differentiation: This disease, in TCM, pertains to the category of "YanDan, ZhenYan, MuCiYang" (redness of eye, ulceration of canthus). According to the theory of meridians, the canthus is the root of Taiyang Meridian, the median canthus is the root of the Bladder Meridian of Foot-Taiyang where the meridian-Qi of Bladder Meridian of Foot-Taiyang originates, while the lateral canthus is the end of the Small Intestine of Hand-Taiyang where the meridian-Qi of Small Intestine Meridian of Hand-Taiyang converges. Following the principium of Meridian Syndrome-differentiation, we could draw a conclusion that this case was just the superficial syndrome of Taiyang caused by the exogenous wind-heat evil, which attacked the body from the exterior and affected the Taiyang Meridian, therefore, there were Qi-stagnancy and blood stasis in the Taiyang Meridian. As a result of it, the triticeous node and swelling pain

appeared in the median canthus.

Therapeutic Principle: Dredging the meridian and clearing away heat evil, expelling the exogenous wind-heat evil and releasing the Taiyang superficial syndrome. Jing (well)-acupoint of Bladder Meridian of Foot-Taiyang should be selected for venting the stagnant heat in the Bladder Meridian of Foot-Taiyang and promoting flowing of meridian Qi, as well as expelling the exogenous wind-heat evil in Taiyang superficialities.

Acupuncture Treatment: BL67, ZhiYin of sinister side was selected for blood-letting therapy with a three-edged needle and garlic-partitioned moxibustion. The selected acupoint was punctured with a three-edged needle in order to bleed more than 10 drops. After the dark red blood was dropped down, the colour of the blood would become fresh red slowly, at that time, the hole should be pressed firmly with a cotton ball in order to stop bleeding in time. Afterwards, a piece of coin-shaped garlic was applied onto the acupoint for being baked by a burning moxa roll. When the patient felt very hot, the moxa roll should be taken away for a while, performing such garlic-partitioned moxibustion for 30 minutes each time, twice a day. During the process of every garlic-partitioned moxibustion, a new piece of coin-shaped garlic should be applied.

Effect Observation: After once treatment, the prickling-pain of sinister eye disappeared at once, when he was rolling the eyeball, he didn't suffer from the prickling-pain any more. Furthermore, he was told to perform garlic-partitioned moxibustion again at Shen o'clock (about 15:00 ~ 17:00) in his home, for when is the flowing period of the Bladder Meridian of Foot-Taiyang, the Qi and blood of Bladder Meridian of Foot-Taiyang are all just of flood tide and it is most suitable time to clear away the blood stasis and Qi-stagnancy

from the meridian in the maximum degree. After he performed the treatment in his home, the redness and swelling of his sinister eye disappeared completely. In the afternoon of the next day, he came to me for reexamination, physical examination revealed the triticeous node in the median part of the sinister upper eyelid already disappeared. All these signs indicated the illness was cured completely, then it's end.

Case 2

Patient: Wu, female, age 18 years, college student.

Chief Complaint: Swelling-pain of dextral upper eyelid for half a month.

History of Present Illness: Half a month ago, the patient suffered from swelling-pain in her dextral upper eyelid without any evident causes. At the beginning, it was limited to open the dextral eye while without swelling-pain, several days later, she had a severe swelling-pain in the dextral upper eyelid so that she couldn't open the dextral eye at all. Then she went to a local polyclinic and was treated by using "Guttae Kanamycini Sulfatis, eye drops of anti-inflammatory" and "chlorotetracycline eye ointment". After 6 days of the above treatment; there was no effect on her, furthermore there appeared a severe swelling region on the dextral upper eyelid, in which there was a corn-shaped triticeous node. If touched upon, there was sharp tenderness. Then she came to this hospital for treatment on May 29, 1996.

Physical Examination: The patient was conscious with a normal general condition. The lateral part of the dextral upper eyelid was red and swollen, there was a corn-shaped triticeous node in the affected part with sharp tenderness. The tarsus and the conjunctiva

were all severely congestive. Pulse floating and tense. Tongue red with a thin layer of white fur. No other abnormality present.

Diagnosis: Hordeolum.

Differentiation: This disease, in TCM, pertains to the category of “YanDan, ZhenYan, MuCiYang” (redness of eye, ulceration of canthus). This case was just the superficial syndrome of Taiyang caused by the exogenous wind-heat evil, which attacked the body from the exterior and affected the Small Intestine Meridian of Hand-Taiyang, therefore, there were Qi-stagnancy and blood stasis in the Small Intestine Meridian of Hand-Taiyang. As a result of it, the triticeous node and swelling pain appeared in the lateral canthus.

Therapeutic Principle: Expelling exogenous wind-heat evil and releasing the Taiyang superficial syndrome. The acupoint in the Small Intestine Meridian of Hand-Taiyang should be selected for stimulating the meridian-Qi and promoting the meridian-Qi's flowing as well as expelling the exogenous evil in the superficial.

Acupuncture Treatment: She was told to take a handful of moxa granules and rub them into peanut-like moxa cones, and then she should put a moxa cone onto the acupoint of SI3, HouXi of dextral side to have direct moxibustion, 10 units of moxa cones were burnt out each time, 3 times a day.

Effect Observation: After 1 day's treatment, the swelling-pain was relieved greatly, after 3 days' treatment, the swelling-pain and the hordeolum disappeared. After 1 week's follow-up, the illness didn't relapse. Then it's end.

3. Trauma of Eye

Case

Patient: Du, male, age 29 years, farmer.

Chief Complaint: Injury of the dextral eye for 1 hour.

History of Present Illness: One hour ago, the patient's dextral eye was suddenly beaten by a flying stone when he was working. Immediately he was seized with a sharp pain of the dextral eye. Then he was set in rest at once and quickly treated with dropping "eye drops of anti-inflammatory". While the sharp pain of the eye couldn't be alleviated effectively, he still heavily suffered from the insufferable pain so that he dared not roll around the eyeball. Thereby, he had to be sent to the ophthalmic department of a local hospital, through physical examination, no organic injury was found. So that he still got the similar treatment, but the treatment was not effective against the sharp pain. He suffered from the pain so much that he couldn't be in sitting and standing at ease. Then he came to this hospital for treatment on March 11, 2002. After the illness came on, his appetite, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was in serious painful status while his consciousness remained normal. Pulse floating and tense, tongue light red with a thin layer of white fur. The dextral tarsi were severely congestive and characterized by redness and swelling, the conjunctiva were also severely congestive and scarlet in colour. There were many secretions of the dextral eye, accompanied with constant lacrimation. The dextral eye was unpressable due to sensitive tenderness.

Diagnosis: Trauma of Eye.

Differentiation: This disease, in TCM, pertains to the category of "FeiWuZhuangJing" (eye being bumped by a flying object). It was caused by the sudden bumping of the flying stone, which abruptly affected the flowing of the meridian-Qi and blood around

the eye, so that blood stasis and stagnancy of meridian-Qi were accidentally caused in the affected region, then the patient had the sharp pain in the eye. As for the median or lateral canthus, it is just the root or the end of the Taiyang Meridian. According to the theory of meridians, the root of a meridian means where the meridian-Qi originates, correspondingly, the end of a meridian means where the meridian-Qi converges. The root and end of a meridian are of significance for a meridian, for they are closely relative each other and together maintain the normal flowing of Qi and blood of the whole meridian. Under normal status, they coordinate with each other from afar, while being in disease, sthenia of one consequentially leads to sthenia of another; asthenia of one consequentially leads to asthenia of another too. In this case, the end of the Small Intestine Meridian of Hand-Taiyang was involved in the suffering, which must be reflected by its root.

Therapeutic Principle: According to the above comprehension on the root and end of a meridian based on the theory of meridians, the root of the Small Intestine Meridian of Hand-Taiyang—SI1, ShaoZe should be selected for blood-letting therapy in order to rapidly vent the sudden accumulation of blood stasis and Qi-stagnancy from the Small Intestine meridian of Hand-Taiyang, as well as activate blood flow and remove blood stasis, dredge the obstructed meridian and relieve the pain, induce the subsidence of swelling and brighten the eye.

Acupuncture Treatment: SI1, ShaoZe of dextral side was selected for blood-letting therapy with three-edged needle and garlic-partitioned moxibustion. The selected acupoint was punctured with a three-edged needle in order to bleed more than 10 drops. After the dark red blood was dropped down, the colour of the

blood would become fresh red slowly, at that time, the hole should be pressed firmly with a cotton ball in order to stop bleeding in time. Afterwards, a piece of coin-shaped garlic was set onto the acupoint for being baked by a burning moxa roll. When the little finger felt very hot, the moxa roll should be taken away for a while, performing such garlic-partitioned moxibustion for 25 minutes each time, twice a day. During the process of every garlic-partitioned moxibustion, a new piece of coin-shaped garlic should be used.

Effect Observation: After once treatment, the severe pain of dextral eye disappeared at once, redness and swelling of the eye was greatly relieved. He didn't suffer from the constant lacrimation any more. Furthermore, he was told to perform garlic-partitioned moxibustion again at Wei o'clock (about 13:00 ~ 15:00) in his home, for when is the flowing period of the Small Intestine Meridian of Hand-Taiyang, the Qi and blood of Small Intestine Meridian of Hand-Taiyang are just of flood tide and it is most suitable time to clear away the blood stasis and Qi-stagnancy from the meridian in the maximum degree. After he performed the treatment once more in his home, the redness and swelling of his dextral eye disappeared completely. All these signs indicated the illness was cured completely, then it's end.

Chapter Seven Diseases of Otorhinolaryngology

1. Acute Laryngopharyngitis

Case 1

Patient: Guan, male, age 26 years, postgraduate.

Chief Complaint: Sore throat andodynophagia for 1 week.

History of Present Illness: One week ago, the patient suffered

from sore throat and fever caused by having a cold. After physical examination in the local hospital, it was diagnosed as “Acute Pharyngitis”. After 3 days of intravenous dripping “Benzylpenicillin, Ribarizin”, the fever disappeared, but the sore throat was slightly relieved. Then he was treated with oral taking some common antibiotics, but the sore throat couldn’t be cured all along. He felt there was dry and uneven sensation and pain in his throat, especially when he was swallowing food, it became more protrudent. Then he came to this hospital for treatment on April 3, 1995. After the illness came on, his appetite became poor, while his sleeping, urination and bowel motions weren’t disturbed. There was not other complaint.

Physical Examination: The patient was lucid with a normal general condition. Tongue light red with a thin layer of white fur. Pulse uneven and floating. The mucous membrane of the pharyngeal wall was obviously congestive and became fresh red in colour. Both tonsils swelling II° without purulent secretions attached. Both lungs all clear to auscultation, no rhonchi and moist rales could be heard. No other abnormality present.

Diagnosis: Acute Pharyngitis.

Differentiation: This disease was categorized as “RuEr” (tonsillitis) in TCM. It was caused by the attack of wind-heat evil from the exterior, which attacked the throat upward and caused stagnation of Qi and blood stasis in the regional meridian of throat. So the patient suffered from the sore throat.

Therapeutic Principle: Dredging the obstructed meridian and activating the stagnant meridian Qi in order to ease the throat and alleviate the soreness.

Acupuncture Treatment: TE2, YeMen of one side was selected for acupuncture. A 1.5 cun needle was inserted into the

selected acupoint, the depth of insertion was about 0.6 ~ 0.7 cun. After needling sensation appeared, the needle was manipulated with even reinforcing and reducing technique, and then the needling sensation was induced to spread upward along the gap between the third and the little finger, through the back of the hand and to the lateral forearm. The needle was retained in the acupoint for 30 minutes altogether, during the process of retaining, the needle was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was gently shaken around and pulled out slowly in order to enlarge the hole and bleed a little.

Effect Observation: Under once the above acupuncture, the sore throat and odynophagia disappeared immediately. After 3 days' follow-up, the illness didn't relapse. Then it's end.

Case 2

Patient: Cai, female, age 53 years, peasant.

Chief Complaint: Soreness of throat and hoarseness for 3 days.

History of Present Illness: Three days ago, the patient suffered from sore throat, hoarseness, fever and chill without any evident causes. Then she went to a local hospital for treatment, it was diagnosed as "Acute Laryngopharyngitis". After 2 days of intravenous dripping "Gentamycini, Dexamethasone and Ribarizin", the fever and chill disappeared, but the sore throat and hoarseness weren't relieved yet. Furthermore the patient suffered from dyspnea, which caused she could not speak as normal. Then she came to this hospital for treatment on the night of July 18, 1990. After the illness came on, her appetite became poor, her sleeping, urination and defecation weren't disturbed. There was not other complaint.

Physical Examination: The patient was conscious with a sallow complexion. Pulse floating and uneven, tongue rich red with a thin layer of yellow fur. The mucous membrane of the laryngopharyngeal wall was congestive and became dark red in colour. Both tonsils swelling II°. The breathing sounds in lungs were harsh, some rhonchi could be heard occasionally. No other abnormality present.

Diagnosis: Acute Laryngopharyngitis.

Differentiation: This disease, in TCM, pertains to the category of “FengReHouBi” (laryngopharyngitis caused by wind-heat evil). It was caused by the attack of wind-heat evil from the exterior, which attacked the throat upward and caused blood stasis in the regional meridian of laryngopharyngeal wall. As for the pharynx and larynx, they are all appendant organs of the lungs according to basic theory of TCM. When blood stasis was formed in the meridian of the pharynx and larynx, the Lung Meridian of Hand-Taiyin was involved certainly. Therefore, in fact, this case was just the syndrome of blood stasis in the Lung Meridian of Hand-Taiyin.

Therapeutic Principle: Removing blood stasis from the Lung Meridian of Hand-Taiyin and cooling the lungs, dredging the obstructed meridian and normalizing the flowing of meridian-Qi.

Acupuncture Treatment: According to NaZi method of Midnight-noon ebb-flow, Yin o'clock (about 3:00 o'clock ~ 5:00 o'clock) is the flowing period of the Lung Meridian of Hand-Taiyin, when the Qi and blood of Lung Meridian are just of flood tide and it is most suitable time to clear away the heat-evil from the Lung Meridian in the maximum degree. So that Yin o'clock was selected as acupuncturing time. Following this principle——eliminating the pathogenic factors in the excess syndrome, LU11, ShaoShang of one

side was punctured with a three-edged needle in order to bleed a little. After some dark red blood was dropped down, the colour of the blood would become fresh red slowly, at that time, the hole should be pressed firmly with a cotton ball in order to stop bleeding in time.

Effect Observation: Under once the treatment, the soreness of throat disappeared immediately. In the next morning, the patient could have a talk with my mother freely. After 3 days' follow-up, the illness didn't relapse. Then it's end.

2. Chronic Pharyngitis

Case 1

Patient: Wang, female, age 44 years, teacher.

Chief Complaint: Dryness, itch and soreness of throat for about 10 years.

History of Present Illness: About 10 years ago, the patient had dryness, itch and soreness of throat caused by overworking. Previously it was more induced by overworking or speaking. Finally it occurred as usual. She often suffered from dry and itch sensation in her throat, accompanied with sore throat. In the past 10 years, she was repeatedly treated by using various antibiotics and oral containing pills. At the beginning, the treatments were effective against the sickness, while the curative effect became more and more faint as time going along. Sometimes the severe occurrence of the above symptoms was followed by dry cough. Then she came to this hospital for treatment on June 7, 1995. After the illness came on, her appetite, sleeping, urination and bowel motions weren't disturbed. There was not other complaint.

Physical Examination: The patient was lucid and in normal

general condition. Pulse thready and uneven, tongue light red with a thin layer of white fur. The mucous membrane of the pharyngeal wall was congestive and dark red in colour. Both tonsils swelling II° and became dark red in colour, some congestive blood vessels scattered on the surfaces. The breathing sounds in both lungs were all clear, no rhonchi and moist rales could be heard. No other abnormality present.

Diagnosis: Chronic Pharyngitis.

Differentiation: This disease, in TCM, pertains to the category of “YinXuHouBi” (inflammation of the throat due to deficiency of Yin). It was caused by exogenous wind-heat evil attacking the meridians of throat and excessive speaking for a long time. Then the clear fluid of the throat became dry up and the laryngopharyngeal meridians could not be nourished effectively as normal, the diseased meridians then dried up too, the laryngopharyngeal Qi and blood could not flow smoothly as normal. So the patient suffered from dryness, itch sensation and soreness of throat.

Therapeutic Principle: Inducing the up-flaming fire to go downward, nourishing Yin and promoting production of clear fluid, tonifying the laryngopharyngeal meridians. Because the Yin Heel Vessel and the Kidney Meridian of Foot-Shaoyin are the source to produce Yin-substance and body fluid, they take charge of development of Yin and body fluid under normal conditions. So that the crossing acupoint of the two meridians should be regarded as the key acupoint to cure this illness.

Acupuncture Treatment: KI6, ZhaoHai was selected for treatment. Following the principle of reinforcing the deficient Healthy-Qi in the insufficient case of NaZi method of Midnight-noon ebb-flow, Xu o'clock (about 19:00 o'clock ~ 21:00 o'clock) was

chosen as therapeutic period, for when the Qi and blood flowed through the Kidney Meridian of Foot-Shaoyin just now, the Qi and blood of the Kidney Meridian is most insufficient at Xu o'clock, so that it's the most suitable time to reinforce the Qi and blood of the Kidney Meridian in the maximum degree. Some NiuXi, Achyranthes and BingPian, Borneol were ground into fine powder and then mixed together with a little of flour. When used, she was told to take some mixed powder and mix the powder with some water to make out the coin-shaped herb-cake. One herb-cake was set at the acupoint of KI6, ZhaoHai in order to have herb-cake moxibustion, 30 minutes each time, once a day at Xu o'clock.

Effect Observation: After 2 days' treatment, the dryness, itch and soreness of throat were all relieved greatly. After 10 days' treatment, there was not discomfort of her throat any more. Then she was told to continue the treatment by herself in order to reinforce the therapeutic effect permanently. After 1 year's follow-up, the illness didn't relapse, then it's end.

Case 2

Patient: Ma, male, age 52 years, worker.

Chief Complaint: Dryness, itch and soreness of throat for about 6 years.

History of Present Illness: About 6 years ago, the patient suffered from dryness, itch and soreness of throat without any obvious causes. From then on, he had been repeatedly treated by using various antibiotics and oral containing pills to relieve the symptoms, under the treatment, the symptoms got sometimes mild and sometimes severe. Recently, its aggravation was induced by overworking. The sore throat was so severe that it's difficult for him

to speak and chew as normal. Then he came to me for treatment on October 10, 1995. Since the illness came on, his appetite, sleeping, urination and bowel motions were all normal all along. There was not other complaint.

Physical Examination: The patient was conscious with a normal general condition. Pulse taut and uneven, tongue light red with a thin layer of white fur. The mucous membrane of the pharyngeal wall was congestive and became dark red in colour. Both tonsils swelling II°. Both lungs all clear to auscultation, some rhonchi could be heard occasionally. No other abnormality present.

Diagnosis: Chronic Pharyngitis.

Differentiation: This disease, in TCM, pertains to the category of “YinXuHouBi” (inflammation of the throat due to deficiency of Yin). It was caused by exogenous wind-heat evil attacking the meridians of throat and excessive speaking for a long time. Then the clear fluid of the throat became dry up and the laryngopharyngeal meridians could not be nourished effectively as normal, the diseased meridians then dried up too, the laryngopharyngeal Qi and blood could not flow smoothly as normal. So the patient got dryness, itch and soreness of throat.

Therapeutic Principle: Inducing the up-flaming fire to go downward, nourishing Yin and promoting production of clear fluid, tonifying the laryngopharyngeal meridians.

Acupuncture Treatment: KI3, TaiXi of one side—the Shu Acupoint of the Kidney Meridian of Foot-Shaoyin, was selected for acupuncture. A 1.5 cun needle, with its tip upward, was inserted into the selected acupoint, twirling the needle lightly till the needling sensation appeared. The needle was then manipulated with reinforcing technique and retained in the acupoint for 30 minutes

totally. On withdrawal of the needle, it was twirled around and then pulled out quickly, the hole was firmly pressed. Afterward, direct moxibustion was immediately applied at the punctured hole, 10 unites of moxa cones were burnt out each time.

Effect Observation: Under once the treatment, the soreness of throat disappeared immediately, dryness and itch of throat was alleviated greatly. After 5 days' treatment, there was not discomfort any more. Then it's end.

3. Tinnitus and Deafness

Case 1

Patient: He, female, age 22 years, college student.

Chief Complaint: Tinnitus of dextral ear for 2 months and a half, accompanied with distending pain of dextral ear for 1 week.

History of Present Illness: Two months and a half ago, the patient returned to home by train, in her trip, a nearby window was kept open, through which the cold wind directly blew her all along. Therefore, she suffered from tinnitus of dextral ear, it seemed that there was a cicada singing in the ear, besides, it also caused fall of audition. Therefore, she couldn't clearly hear what the teacher said as having classes. Then she went to a local hospital for treatment. After some physical examinations, it was diagnosed as "Nervous Tinnitus", she was treated with various vitamins and antibiotics. But the symptom couldn't be alleviated. 1 week ago, she unfortunately had distending pain in the dextral ear, which caused her audition got further worse, she could hardly hear what the teacher said when having classes. Then she came to this hospital for treatment on December 10, 1995. After the illness came on, her appetite, sleeping were all normal, bowel motions and urination were

normal too. There wasn't other complaint.

Physical Examination: The patient was lucid and in normal general condition. Tongue light red with a thin layer of white fur. Pulse tense and floating. The pharyngeal wall wasn't obviously congestive, both tonsils swelling I°. Both ears all normal in shape and structure. The dextral antrum auris was unobstructed, the tympanic membrane was intact and normal-shaped. Respiratory sounds in both lungs were all clear, no rhonchi and moist rales could be heard. No other abnormality present.

Diagnosis: Nervous Tinnitus.

Differentiation: This disease, in TCM, pertains to the category of "ErMing" (tinnitus). It's caused by exogenous wind-cold evil, which attacked the otic meridian from the exterior and then obstructed the ear. So that the meridian Qi couldn't smoothly flow around, it resulted in tinnitus and distending pain in the ear.

Therapeutic Principle: Dredging the obstructed Shaoyang meridian, expelling the superficial wind-cold evil, opening the otic orifice and normalizing the audition.

Acupuncture Treatment: TE2, YeMen of one side was selected for acupuncture. A 1.5 cun needle was inserted into the selected acupoint. The depth of insertion was 6 ~ 7 fen or so. After the needling sensation appeared, the needle was manipulated with mild reinforcing and reducing technique so as to induce the needling sensation to spread upward along the gap between the 3rd finger and the little finger, through the back of the hand and to the lateral forearm. The needle was finally retained in the acupoint for 30 minutes altogether. On withdrawal of the needle, it was gently shaken around and pulled out slowly in order to enlarge the hole.

Effect Observation: Under once acupuncture, the distending

pain disappeared immediately, the tinnitus was relieved greatly. Through 3 times' treatment, the distending pain and tinnitus all disappeared completely, her audition was greatly improved too, she could study as normal. After 3 months' follow-up, the illness didn't relapse, then it's end.

Case 2

Patient: Kranze, male, age 48 years, tuner.

Chief Complaint: Tinnitus of both ears and fall of audition for 3 days.

History of Present Illness: Three days ago, the patient came to Jiangyin from Germany by air. When he arrived, he had a sensation of being obstructed in his ears, it seemed that something obstructed his ears. Furthermore, it caused a low tone tinnitus, which further troubled him with fall of audition and prevented him from working as normal. So he had to go to some hospitals in Jiangyin for treatment. After physical examination, it was diagnosed as "obliteration of auditory tubes", and he was suggested to treat the illness by puncturing the tympanic membranes. But he refused the suggestion firmly and came to me through somebody for treatment on July 3, 1999. After the illness came on, his appetite, sleeping, urination and bowel motions were all normal. There wasn't other complaint.

Physical Examination: The patient was lucid and in good general condition. Tongue light red with a thick layer of white fur. Pulse taut and tense. The mucous membrane of the pharyngeal wall was slightly congestive. Both tonsils swelling I°. Both ears were all normal in appearance and structure, the meatus tubes were unobstructed, the tympanic membranes were all intact, the umbilical

regions subsided inside. Respiratory sounds in both lungs were all clear, no rhonchi and moist rales could be heard. No other abnormality present.

Diagnosis: Non-infective Tympanitis.

Differentiation: This disease, in TCM, pertains to the category of “ErMing” (tinnitus) and “ErLong” (deafness). It’s caused by imbalance of atmospheric pressure in both ears between the interior and the exterior due to lowering of atmospheric pressure during the high-altitude flying. It caused the ears were obstructed and then the patient experienced the tinnitus and deafness. Essentially, it’s the syndrome caused by disorder of the functional activities of Qi in Triple Energizer and imbalance of Qi between the interior and the exterior.

Therapeutic Principle: Regulating the functional activities of Qi in Triple Energizer, restoring the balance of atmospheric pressure between the interior and exterior, opening the otic orifice and normalizing the audition.

Acupuncture Treatment: TE2, YeMen of one side was selected for acupuncture. A 1.5 cun needle was inserted into the selected acupoint. The depth of insertion was about 1.0 cun so as to stimulate the acupoint of TE3, ZhongZhu together. After the needling sensation appeared, the needle was manipulated with mild reinforcing and reducing technique in order to induce the needling sensation to spread upward along the gap between the 3rd and the little finger, through the back of the hand and to the lateral forearm. At last, the needle was retained in the acupoint for 30 minutes totally, during the process of retaining, the needle was manipulated with mild reinforcing and reducing technique once every 10 minutes. On withdrawal of the needle, it was rotated around

and pulled out rapidly, the inserted hole was immediately pressed firmly.

Effect Observation: Under once such acupuncture, tinnitus of ears disappeared immediately, his audition got normal too. After 3 months' follow-up, the patient kept working as normal all along, the illness didn't relapse, then it's end.

4. Toothache

Case 1

Patient: Shen, female, age 46 years, worker.

Chief Complaint: Toothache for 6 days.

History of Present Illness: Six days ago, the patient suffered from toothache of the dextral side due to eating some waxberries. It was a continuous aching pain and caused she daren't bite anything with the diseased teeth, for even touching food with the teeth or speaking and chewing could aggravate the aching pain. After the illness came on, she went to the stomatology department of a local hospital, through physical examination, it was diagnosed as "Nervous Toothache", she was treated with oral taking some anodyne and antibiotic drugs. After 6 days' treatment, the pain did not abate. At that time, she met with me and asked me for treatment on October 30, 1992. After the illness came on, her appetite, sleeping, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was conscious with a normal general condition. Tongue light red with a thin layer of white fur. Pulse floating and tense. No evident congestion in pharyngeal wall. Both tonsils swelling I°. Examination of stomatology revealed that all the teeth were all normal in shape and structure, no

congestion, erosion and so on could be found in the gum. Both lungs, heart and abdomen were all normal. No other abnormality present.

Diagnosis: Nervous Toothache.

Differentiation: This disease, in TCM, pertains to the category of “YaTong” (toothache). It was caused by obstruction of Shaoyang meridian Qi, which caused the flowing of meridian Qi could not smoothly pass through the affected regions such as the teeth and the gum as normal, therefore, the patient had the toothache.

Therapeutic Principle: Dredging the obstructed meridian and collateral, activating the stagnant meridian Qi and removing the blood stasis in order to stop the pain.

Acupuncture Treatment: TE2, YeMen of dextral side was selected for acupuncture. A 1.5 cun needle was inserted into the selected acupoint. The depth of insertion was about 1.0 cun so as to stimulate the acupoint of TE3, ZhongZhu together. After the needling sensation appeared, the needle was manipulated with flying skill in order to induce the needling sensation to spread upward along the gap between the 3rd and the little finger, through the back of the hand and wrist to the lateral aspect of upper arm. At last, the needle was retained in the acupoint for 30 minutes totally, during the process of retaining, the needle was manipulated with mild reinforcing and reducing technique once every 10 minutes. On withdrawal of the needle, it was gently twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly.

Effect Observation: Under once such acupuncture, the toothache disappeared immediately. Half an hour later, I saw the patient was happily eating an orange, then it's end.

Case 2

Patient: Ye, female, age 19 years, peasant.

Chief Complaint: Toothache for 4 days.

History of Present Illness: The patient originally had “Dental Caries” for many years, whose recurrence was often induced by improper diet. 4 days ago, she took some hot food, then she suffered from the relapse of her toothache again. It was a continuous distending pain and caused she dare not eat and chew anything with the dextral lower teeth as normal, moreover, even her speaking became unclear. After the illness relapsed, she went to a hospital in Nanjing for treatment, through physical examination, it was still diagnosed as “Dental Caries” and she was suggested to extract the diseased tooth. However, she should get antiinflammation treatment before tooth extraction. Then she had to be treated with some anodynes and antibiotics. After 4 days’ treatment, her toothache remained unchanged, the severe pain made her restless all day and night. On the night of August 12, 1992, she suffered from her toothache so much that she couldn’t stand it at all, then she asked her boyfriend to relieve her toothache with acupuncture. Her boyfriend selected LI4, HeGu of the dextral side for acupuncture, but the toothache was not relieved yet after 20 minutes’ acupuncture. So her boyfriend hurriedly came to me for treatment at once. After the illness came on, her appetite, sleeping, urination and bowel motions were all normal. There was not other complaint.

Physical Examination: The patient was conscious with an acute painful complexion. She was groaning and moaning continuously. Tongue scarlet with a thin layer of yellow fur. Pulse floating and tense. No evident congestion in pharyngeal wall. Both

tonsils swelling I°. The respiratory sounds in both lungs were all clear. No rhonchi and moist rales could be heard. No abnormal sign in heart and abdomen. The second molar tooth in the dextral lower gum was severely decayed and became dark in colour, the adjacent gum was congestive and swollen. A 1.5 cun needle had been inserted in the acupoint of LI4, Hegu of the dextral side, but only a little aching sensation was there. No other abnormality present.

Diagnosis: Dental Caries.

Differentiation: This disease, in TCM, pertains to the category of “YaTong” (toothache). It was caused by the toxin of the decayed tooth, which rotted the regional meridian and collateral and obstructed the meridian passage of Large Intestine Meridian of Hand-Yangming, thereby, the meridian Qi could not smoothly pass through the affected region as normal, so that the patient experienced the insufferable toothache. As for why the treatment of needling LI4, Hegu gained no effect, it was just resulted from the improper manipulation technique, for it was careless and unfit for the illness and couldn't effectively stimulate the stagnant meridian Qi of Large Intestine Meridian of Hand-Yangming to pass through the affected region, so that the toothache remained unchanged although he selected a proper acupoint; such upshot was not resulted from his syndrome-differentiation and the selected acupoint, for they were all correct and suitable for the illness, only from his imperfect manipulation technique.

Therapeutic Principle: Stimulating the meridian Qi of Large Intestine Meridian of Hand-Yangming in order to dredge the obstructed meridian passage and activate the stagnant meridian Qi, clear away heat evil from the Large Intestine Meridian of Hand-Yangming and relieve the toothache quickly and effectively.

Acupuncture Treatment: Similarly, LI4, HeGu of the dextral side was selected for acupuncture. The 1.5 cun needle that had been inserted into the acupoint was gently lifted up a little, and then it was obliquely inserted into the acupoint again with the direction of its tip upward. The depth of insertion was 1.2 cun or so, the needle was manipulated with twirling and rotating technique so as to induce the needling sensation. After needling sensation appeared, the needle was manipulated with mild reinforcing and reducing technique in order to induce the severe needling sensation of aching, numbness and heaviness to spread upward to the anterior aspect of the dextral forearm and the dextral upper arm through the dextral wrist. Afterward, the needle was manipulated with reducing technique. Finally, the needle was retained in the acupoint for 30 minutes totally. During the process of retaining, it was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was slowly shaken around and pulled out slowly in order to enlarge the hole.

Effect Observation: Under 1 ~ 2 minutes' such acupuncture, the toothache disappeared at once. Then the patient was told to continue the antiinflammation treatment for tooth extraction. After 1 week's follow-up, the toothache didn't relapse. 10 days later, the decayed tooth was extracted by the doctor of stomatology. Then it's end.

5. Meniere's Disease

Case

Patient: Feng, male, age 76 years, retired teacher.

Chief Complaint: Repeated dizziness, vertigo and tinnitus for more than 20 years, relapse and aggravation for 2 days.

History of Present Illness: More than 20 years ago, the patient suffered from dizziness, vertigo and tinnitus without any obvious causes. At that time, he separately went to several hospitals for treatment, it was diagnosed as “Meniere’s Disease” through some relative examinations. Over the past years, he maintained it with oral taking many kinds of western medicines and Chinese herbs, therefore, the symptoms became sometimes mild and sometimes severe. 2 days ago, the syndromes relapsed severely because of weather changing. He himself felt his head got much heavy and his mind got very dull, accompanied with serious dizziness, frequent nausea and tinnitus of both ears. So that he dare not open his eyes, otherwise he would immediately fall into the insufferable vertigo, it seemed that the house, the earth was revolving round himself. After the recurrence, he was quickly sent to a local hospital for treatment, he was treated with intravenous dripping “injection of red sage root, energy” and oral taking “Oryzanol, pills for relieving vertigo”. But the symptoms could not be relieved at all. The patient was still supine on bed and dare not open his eyes, it caused he could not drink water and eat anything. Then his wife came to this hospital and requested me to go to their home for treatment on November 21, 1997. After the illness came on, his sleeping, urination and bowel motions were all normal. But he lost his appetite completely. There was not other complaint.

Physical Examination: The patient was conscious and nervous with a pale and lusterless complexion. He was supine on bed and tight closed his eyes with harsh breathing. Pulse taut, tense and rapid, tongue light red with a thick layer of white fur. No evident congestion in pharyngeal wall. Both tonsils swelling I°. The respiratory sounds in both lungs were all harsh. No rhonchi and

moist rales could be heard. Heart and abdomen all normal. No other abnormality present.

Diagnosis : Meniere's Disease.

Differentiation : This disease, in TCM, pertains to the category of "XuanYun" (vertigo). It was caused by the previous turbid substances such as phlegm evil and dampness evil in the body. Those turbid substances confused the functional activities of Qi and caused the turbid Qi could not descend down from the cerebra and the clean Yang-Qi could not ascend up into the cerebra. Therefore, there was the reversal of clean Qi and turbid Qi, which was manifested by the paroxysmal dizziness, vertigo and tinnitus.

Therapeutic Principle : Eliminating the turbid substances and reversing the reversal of clean Qi and turbid Qi, ascending the clean Yang Qi up to the cerebra and descend the turbid Qi down from the cerebra, calming the blood and Qi in order to maintain the normal functional activities of the cerebra, restore the spirit and tranquilize the mind.

Acupuncture Treatment : KI1, YongQuan of one side was selected for acupuncture and herb-cake moxibustion. At first, a 1.0 cun needle was rapidly inserted into the selected acupoint. It was continuously manipulated with twirling and rotating technique so as to induce the severe needling sensation to spread all over the sole and median malleolus.

After about 3 - 4 minutes of the above acupuncture, the patient had nausea sensation suddenly and began to vomit severely, he vomited out a lot of watery ptialo-fluid. After vomiting, the dizziness, vertigo and tinnitus disappeared immediately and then he felt very refreshing. He could open his eyes and speak to others as

normal. Thereby, I finished the acupuncture at once. After withdrawing the needle, the herb-cake moxibustion was employed immediately. The prescription of the herb-cake was just as below:

BanXia, Pinellia Tuber 20g

NiuXi, Achyranthes Root 20g

BingPian, Borneol 6g

All the above herbs were to be ground into fine powder together. When used, a little of the powder was mixed with some flour and water to make coin-shaped herb-cake. One herb-cake was set on the selected acupoint, and then baked with a firing moxa roll for 30 minutes totally, performing such herb-cake moxibustion once a day.

Effect Observation: Under 8 times of the above treatment, the patient got recovered completely. After half a year's follow-up, the illness didn't relapse, then it's end.

6. Pharyngolaryngeal Neurosis

Case

Patient: Yin, female, age 69 years, house wife.

Chief Complaint: Acerbity and itching sensation of throat for 5 years.

History of Present Illness: Five years ago, the patient suffered from dryness, acerbity and itching sensation of the throat without any obvious causes. She felt that there was something that had been attaching her throat, but she could not swallow it down or expectorate it out. While there were not other symptoms such as sore throat, nausea and so on. Then she went to the local hospital, through some relative examinations, there were no any abnormal findings. She was merely treated with oral containing "CaoShanHu

Pills” and taking some antibiotics. But the dryness, acerbity and itching sensation of her throat could not be effectively alleviated all along. Then she came to this hospital for treatment on November 21, 2001. After the illness came on, her sleeping, appetite, urination and defecation were all normal. There was not other complaint.

Physical Examination: The patient was conscious with a normal general condition. Pulse floating and scattered, tongue light red with a thin layer of white fur. The mucous membrane of the pharyngeal wall was a bit congestive. Both tonsils swelling I°. The laryngeal cavity and vocal folds were all normal. The respiratory sounds in both lungs were all clear. No rhonchi and moist rales couldn't be heard. Heart and abdomen all normal. No other abnormality present.

Diagnosis: Pharyngolaryngeal Neurosis.

Differentiation: This disease, in TCM, pertains to the category of “MeiHeQi” (globus hystericus). It was caused by pathogenic fire and phlegm, which got entangled each other in the pharyngolaryngeal cavity. Therefore, the entanglement of the pathogenic fire and phlegm disturbed the functional activities of Qi in the meridians and collaterals of the pharyngolaryngeal cavity, then the patient had the acerbity and itching sensation of the throat. As for the pharynx and larynx, they are all appendant organs of the lungs according to the basic theories of TCM. This case, actually, pertained to the syndrome caused by entanglement of pathogenic fire and phlegm in the lungs meridian.

Therapeutic Principle: Releasing the suppressed pulmonary Qi and dispersing the depression, dredging the meridian and collateral in order to ease the throat.

Acupuncture Treatment: LU7, LieQue of one side was

selected for acupuncture. A 1.5 cun needle, with its tip upward, was inserted into the selected acupoint, twirling the needle gently till the needling sensation appeared. The depth of insertion was about 1.0 ~ 1.2 cun. The needle was then manipulated with reducing technique so as to induce the needle sensation to spread upward along the lateral border of the forearm. With that, the needle was retained in the acupoint for 30 minutes in total. During the process of retaining, the needle was manipulated with reducing technique once every 10 minutes. On withdrawal of the needle, it was gently shaken around and pulled out slowly in order to enlarge the hole.

Effect Observation: Under once the treatment, dryness and acerbity as well as itching sensation of the throat were all relieved greatly. After 5 days' treatment, there were not discomforts any more. Then it's end.

7. Trauma of Auricle

Case

Patient: Wang, male, age 9 years, pupil.

Chief Complaint: Pain of the dextral ear for 3 hours.

History of Present Illness: Three hours ago, the patient's dextral ear was heavily tweaked by his teacher because he was too naughty and made trouble in his class. It caused his dextral ear got severely red and swollen, accompanied with insufferable pain. Then his teacher led him to this hospital for treatment on March 11, 2002. After the illness came on, there were not tinnitus, dizziness, fall of audition and so on, his appetite, urination, bowel motions were all normal. There was not other complaint.

Physical Examination: The patient appeared alert with a normal general condition. Pulse floating and tense, tongue light red

with a thin layer of white fur. The dextral auricle was prominently characterized by severe congestion and swelling, it was scarlet in colour and unpressable due to sensitive tenderness. The dextral antrum auris was unobstructed, no bleeding or exudation was found. The tympanal membrane was intact. No other abnormality present.

Diagnosis: Trauma of Auricle.

Differentiation: This disease, in TCM, pertains to the category of “Er’Tong” (pain of ear). It was caused by the exterior force, which rambunctiously rubbed the auricle and then affected the flowing of meridian-Qi and blood in the auricle. Therefore, there appeared a syndrome of blood stasis and Qi-stagnancy in the auricle, which was manifested by the regional swelling and the pain. As for the auricle, it’s just the end of the Triple Energizer Meridian of Hand-Shaoyang, where the meridian-Qi of Triple Energizer Meridian of Hand-Shaoyang converges together. According to the theory of meridians, the root of a meridian means where the meridian-Qi originates, correspondingly, the end of a meridian means where the meridian-Qi converges. The root and the end of a meridian are of significance for a meridian, for they are closely relative each other and together maintain the normal flowing of Qi and blood of the meridian. Under normal status, they coordinate with each other from afar, sthenia of one consequentially leads to sthenia of another; asthenia of one consequentially leads to asthenia of another too. In this case, the end of the Triple Energizer Meridian of Hand-Shaoyang was involved in the suffering, which must be reflected by its root.

Therapeutic Principle: According to the above comprehension on the root and end based on the theory of meridians, the root of the

Triple Energizer Meridian of Hand-Shaoyang——TE1, GuanChong should be selected for blood-letting therapy in order to rapidly vent the sudden accumulation of blood stasis and Qi-stagnacy from the Triple Energizer Meridian of Hand-Shaoyang as well as activate blood flow and remove blood stasis, dredge the obstructed meridian and relieve the pain.

Acupuncture Treatment: TE1, GuanChong of dextral side was selected for blood-letting therapy with three-edged needle and garlic-partitioned moxibustion. The selected acupoint was punctured with a three-edged needle in order to bleed more than 10 drops. After the dark red blood was dropped down, the colour of the blood would become fresh red slowly, then the hole should be pressed firmly with a cotton ball in order to stop bleeding in time. Afterwards, a piece of coin-shaped garlic was set onto the acupoint for being baked by a burning moxa roll. When the patient felt very hot, the moxa roll should be taken away for a while, performing such garlic-partitioned moxibustion for 25 minutes each time, twice a day. When every garlic-partitioned moxibustion was performed, a new piece of coin-shaped garlic should be applied.

Effect Observation: Under once treatment, the sharp pain of his dextral auricle disappeared at once, the swelling was relieved greatly, furthermore, when touched upon, there was not tenderness any more. After twice such treatment, the boy's dextral auricle got normal completely. Then it's end.

8. Chronic Allergic Rhinitis

Case

Patient: Chen, male, age 19 years, college student.

Chief Complaint: Nasal obstruction, rhinorrhea and sneezing for more than 5 years.

History of Present Illness: More than 5 years ago, the patient suffered from nasal obstruction, rhinorrhea and sneezing without any obvious causes. At the beginning, the symptoms appeared only when he caught a cold. Later on, the occurrence became continuous. As usual, his nasal cavities seemed to be obstructed with something, it caused he couldn't breathe smoothly; at the same time, he always sneezed frequently; more characteristically, a lot of nasal discharge flowed out constantly, which was sometimes white in colour and thin in texture while sometimes yellow in colour and sticky in texture. In the past 5 years, he was led to many hospitals in Nanjing, Shanghai, Jiangyin for treatment, through some relative examinations, it was diagnosed as "Chronic Allergic Rhinitis". He had been treated by anti-inflammatory drugs, orifice-freeing drugs and anti-allergic drugs. Under the treatment, there was protrudent curative effect at first, nevertheless, the curative effect became more and more faint gradually, at last, the symptoms became as same as before. Sometimes when he was busy in his study, the nasal obstruction, rhinorrhea and sneezing annoyed him so much that his living and studying were all affected. Then he came to this hospital for treatment on December 10, 2001. After the illness came on, his urination, bowel motions were all normal. But his appetite was poor all along. There was not other complaint.

Physical Examination: The patient was conscious with a normal general condition. Pulse floating and tense, tongue light red with a thin layer of white fur. Mycteric mucosas of both sides were all paler and thinner. Some scattered congestive spots were present in the mycteric mucosas, which were all dark red in colour. In

addition, there were some yellowish sticky secretions attached. The mucous membrane of the pharyngeal wall wasn't congestive. Both tonsils swelling I°. The respiratory sounds in lungs were all clear, no rhonchi and moist rales could be heard. No other abnormality present.

Diagnosis: Chronic Allergic Rhinitis.

Differentiation: This disease, in TCM, pertains to the category of "BiYuan" (sinusitis or rhinitis). According to the theory of meridians, the lateral side of ala nasi is the root of Stomach Meridian of Foot-Yangming where the Qi and blood of stomach meridian originate, it is just the fountainhead of the stomach meridian. In this case, the symptoms such as nasal obstruction, rhinorrhea and sneezing were all located in the lateral side of ala nasi, they were all regional symptoms, not accompanied with other symptoms such as cough and asthma that were related to the lungs. Although the nose, pharynx and larynx are all the appendant organs of the lungs according to basic theory on viscera of TCM, all the symptoms in this case weren't related to the lungs in fact. As for the pathogenesis, it's just the deficiency of meridian-Qi of Stomach Meridian of Foot-Yangming, which was too deficient to consolidate its fountainhead and effectively resist the attack of exogenous evils. Thereby, the exogenous evils stayed there for a long time and resulted in the above symptoms. This case, actually, pertained to the syndrome of deficiency of gastric Qi.

Therapeutic Principle: Strengthening the Middle Energizer and invigorating the gastric Qi, dredging the obstructed meridian and freeing the orifice. Following the principle of reinforcing the deficient healthy Qi in the insufficient case of NaZi method of Midnight-noon ebb-flow, Si o'clock (about 9:00 o'clock ~ 11:00

o'clock) was chosen as therapeutic period, for when the Qi and blood flowed through the Stomach Meridian of Foot-Yangming just now, the Qi and blood of the stomach meridian is most insufficient at Si o'clock, so that it's the most suitable time to reinforce the Qi and blood of the Stomach Meridian in the maximum degree. By needle-warming therapy on the acupoint of the stomach meridian at that time, the gastric Qi could be reinforced enough to consolidate its root so as to effectively resist the attack of the exogenous evils.

Acupuncture Treatment: ST36, ZuSanLi of one side was selected for acupuncture. According to NaZi method of Midnight-noon ebb-flow, needle-warming method was employed at Si o'clock (9:00 ~ 11:00). A 1.5 cun needle was inserted perpendicularly into the selected acupoint. The depth of insertion was 1.0 ~ 1.2 cun or so, twirling the needle gently till the needling sensation appeared. The needle was then manipulated with mild reinforcing and reducing technique so as to induce the needling sensation to spread downwards along the anterior aspect of the tibia. The needle was retained in the acupoint for 30 minutes in total, during the process of retaining, the needle was permanently baked with a burning moxa-roll, sometimes, the warming sensation could spread all over the anterior aspect of the leg and the dorsum of the foot. On withdrawal of the needle, the burning moxa-roll was first extinguished, after the needle became cool, it was gently twirled around and then pulled out rapidly and the inserted hole was immediately pressed firmly, performing such acupuncture once a day.

Effect Observation: After 3 days' such acupuncture treatment, the nasal obstruction and sneezing disappeared,

rhinorrhea was relieved greatly. After 10 days' treatment, all the uncomfortable sensation disappeared. Furthermore, his appetite got better too. After half a year's follow-up, the illness didn't relapse, then it's end.