

鉦灸, Upright Posture Acupuncture

Uprightness is a human quality that needs to be constantly maintained. Zheng, 正, upright, also means correct. To attain “correct” or upright posture is a fundamental therapeutic principle (正 also connotes principle, as well as primary and positive). In fact, acupuncture is expressed as 鉦灸, Zheng Jiu, and contains “upright” in it – Zheng is metal used correctly (the character refers to a metal gong that collects the troops, and we can say that needling does just that – summon the troops) and Jiu is heating over time (moxa). The term Zhen Jiu, 針灸 (needle moxa) is now more commonly used. Zheng (gong 鉦) has upright, while Zhen (needle 針) is the same character with the number 10 instead of upright, with ten representing “perfection.”

Rather than list protocols, the aim of this paper is to help the reader develop a sense of how to look at the body and find reflexes or treatment points. For this particular occasion we will use the idea of the lift, the Upright, as a starting point to look at the body and how to bring it into balance. Please bear in mind that this is simply one way to look at things and there are obviously many other ways, each of which is valid.

When looking at how posture or structure affects health, we understand that the organs are not a separate entity from the structure. In Chinese medicine the organs and the channel systems are closely correlated, they are not separate. The connective tissue, represented by the meridians, affects the organs and the physiological functions we wish to affect. This seems to be quite obvious when we see structural changes in the spine or even in the torso. We can see why structural abnormalities at T5 might affect the stomach through the nerves, and we can see how the proportion of the chest and abdomen can affect the organs simply due to adequacy of physical space, but it goes much beyond these more obvious examples and extends to the legs and feet as well as the neck

Our alignment as humans, standing between heaven and earth, is an interplay of Yin Yang. Gravity (the pull to the earth) provides an ever-present Yin factor, and we need to provide an internal lift within us to provide the Yang component. Therapeutically it is that Yang part we need to look after, since it is the body that produces it (no patient flies in the sky spontaneously...).

The interplay between gravity and lift (earth/heaven Yin/Yang) starts with the feet. There should be a push down into the feet that will create a vector upwards through the inner thigh. This activation of the foot involves the arches of the feet (these are of the Jue points, and the area between SP3 and SP4), as well as the activation of Kid6: the pressing the heel down and lifting the ankle bone away from, creates space and awareness at Kid6, thus allows us to reflect on the Ocean of life (Kid6, 照海, Zhao Hai. Is the Illuminating Ocean: Zhao means both to illuminate and “according to” as in “show the way”)

This activation of the foot, allowing the ankle joint (ST41) to release, sends a “wave” up the inner leg, activating Kid7, Kid9, Inner Yon, all the way up to the perineum. Here it will go up the front of the spine (meaning behind the organs but in front of the spine) through the diaphragm and the chest (still, just in front of the spine) all the way up to the throat, where it encounters another diaphragm-like structure, and into the occiput. This allows the front of the body to be alert but relaxed, and the central core of the body to be spacious.

Not having this energetic alignment, causes the body to give in to gravity (which may be in different areas), causing local or systemic sinking, and congestion. Thus re-establishing this energetics is one of the most important things we need to consider.

What is involved in this?

The first place that needs to be anchored is the arch across the foot (from SP3 to U.B.65). This is really the first area that dictates the gait of the body. The bounce from here (or lack of it) affects the whole gait, it carries and directs the whole body's weight. This explains why Maruyama's Jue points are so powerful and popular: they have the potential of affecting the whole body from the “tip,” thus they have tremendous dynamics to them: they influence the whole way by which we carry our weight. Because this area is involved with how we perceive and manipulate the world as we walk on it) it reflects over a large area of the brain, occupying more brain space and affects the brain (just as the equivalent area in the hand, around L.I.4, does).

Next is the arch of the foot from SP3 to SP4 on to Kid2. There needs to be a certain amount of lightness, of a lift, here (much like the quality of the Spleen). It is not about structure, but about energetics: some people will never have lifted arches, but they can still produce the action that lifts rather than sags. (Note that SP3, which we use for muscular pain in general is at the intersection of these two arches that support the body.)

But it is really Kid6 that is the focal point of this dynamic. It is here that a downward direction is producing an opposing upward direction. When the inner heel is pressing down, maintaining the above two arches lifted (practically that means that SP3 and the big toe will remain on the floor and resist inversion), the heel can now push into the floor and in opposition the inner ankle bone (medial malleolous) is being lifted, activating and creating the space for Kid6. From here the trajectory of an upward lift is sent up the inner leg into the perineum. (recall that Kid6 is the Reflecting Ocean, and this Reflection is to “shed light” - we shed light on our whole body, by intelligently activating Kid6).

Along the trajectory we may encounter heaviness (or puffy) around Kid7 and tightness around Kid9 – these are at the base of the gastrocnemius, again part of the support of the gait.

The lift of the perineal floor (Ren1, DU1) is now created between the thighs, somewhere mid thigh. These are Inner Yin and Liv9 which have a strong influence on the lower Jiao and are associated with hormonal issues.

Now the spine proper begins: it is the “long and strong” ladder that moves up: DU1, 長疆 Chang Qiang, Chang means long and implies lifetime – it has both person and death in the character, Qiang – powerful, has a bow on the left side, implicating the spine. We now begin the climb up towards the brain, or in the Chinese thinking, transforming the Jing, by the use of the Qi, into Shen, creating our life experiences that will be stored in the brain – Marrow.

The vulnerable places along the spine are:

- the most mobile ones (L5, T1, C4, C1/C2)
- the transitional vertebrae (L5, between lumbar and thoracic T12, between thoracic and cervical DU14, and between cervical and occiput DU16)
- the extremes of the curves – L2, T11, T7 to T5

These are the places that will have the most influence on the whole bow. We can see that the names chosen for those spots may have been chosen with that in mind: DU2 is Yao Shu, Lumbar Shu, influences the whole spine, DU3 (just above L5) is Yao Yang Guan, gate to the Yang, DU4 (at L2) is Ming Men, DU6 (at T11) is Ji Zhong – the centre of the spine (note that T10 is Zhong Shu – Central Axis/Pivot and L1 is the Suspending Pivot), DU9 (T7) is Zhi Yang (reaching Yang) and T5 is Shen Dao (path of Shen). The upper end of the kyphotic curve is DU12, Shen Zhu (Body Pillar – T3), and the occiput is Feng Fu (exchange of wind - DU16) and Nao Hu (Door to the Brain – DU17).

It is the throat/neck where this upward vector is ending for the most part as it enters the brain. The neck and throat are the communication bridge between the brain and the body. This illustrates how important it is to release the neck and the throat. Releasing the neck/throat affects the whole body, the whole spine, and the nervous system (the bridge of the body and the brain).

What we are trying to imprint with needles is the sense of lightness/ease (輕 – Qing) and lift (舉 – Ju). This will result in a somewhat hollow (spacious, rather than tight) sense in the body cavities, especially the lower abdomen and the throat: we want to re-establish awareness in the perineum, the throat/palate, and in between throughout the front of the spine.

Some places to start looking at is the coordination of the 3 Dan Tians. Miscoordination of the Dan Tians will often be accompanied (or caused by) a tight diaphragm. One treatment strategy for this is G.B.28 (Wei Dao 維道, Linking Path) taken all the way on the side of the body (also known as MuShu or Dan Tan Slice, combined with U.B.2 (representing the Upper Dan Tian – 攢竹 Zan Zhu, Zan is to gather or to save, and implies support, Zhu – Bamboo which represents the upward growth).

One can also start with Kid6 and Inner Yin in order to trace the start of the lift/lightness to the feet and re-establish it. Many times one finds that ST41, is more effective, or needs to be added. ST41 is the hinge of the foot (ST41 Jie Xi, Dividing the Valley, has 谿, Xi, which has 奚 to the left of the valley, Gu 谷, Xi, “what” can be looked at as having threads or having “big” and “small” thus we might think of it as “aligning” or “making sense” which is what we are trying to do).

Another method is to look at the curvatures of the spine and look at where the person is sinking. Typically, most people will have a sink (and a backward push) around T11. This comes from the lower abdomen not giving enough “lift” to the spine and the ribs falling back into the waste. Typically we can needle T11,12 (towards the spine and/or upwards) or U.B.49 upwards to re-establish the lift.

Similarly there tends to be a sink in the upper thoracics (it is less obvious) which is the result of the head being thrown back at the occiput. Needling the occipital ridge (G.B.20 to DU16) upwards will re-connect the “lift” it also has a tremendous capacity of opening the rest of the body being the upper hinge of the whole scheme. The sink that results from the head being thrown back is around T3 (DU12, 身柱 Shen Zhu, the Pillar of the Body), which also has a similar effect (note that both areas are immune related).

Releasing the neck cannot be under-estimated in treatments, it is often more primary than releasing the lower Jiao (sacrum etc.) Addressing tension in the occiput, neck, SCM as well as the scalenes, and the area below the lower teeth is one of the primary therapeutic strategies. It is a little bit equivalent to the Alexander Technique principle of staring with “let the neck be free” in order to “let the head go forward and up” in order to lengthen and widen the back.

One area we often ignore in our assessments is the area just below the jaw. We tend to concentrate on the jaw itself (especially if the person has TMJ) but we rarely check the area under the jaw. It is also an area that has been neglected in terms of distribution of acupuncture points. Yet, it is an area where a great deal of tension is accumulated in often reflecting mis-alignment of the neck and upper back. I find that releasing this can support treatments and promote parasympathetic response. This is the area between the two ST5 and under the jaw, so it is the area between the two branches of the Stomach channel: between the Two Welcomes (ST5 and ST9).

ST5 – 大迎 Da Ying (Great Welcome) has to do with how we greet/welcome the world. The character Ying, 迎, has to do with movement/walking, 辶, and 卪 – to lift ones head. This is where the branch of the Stomach channel that goes to the torso splits off from the branch that starts at the inner eye circles the head orifices and end at the brain (ST8). This area clearly reflects the occiput as well as DU14, and it seems to have a correlation with ST30 and ST12 as well (other place where the Stomach channel forks). Since it can take a number of needles below the jaw, I often simply manipulate in manually as I open the jaw

In order to accomplish the “lift” there also needs to be some separation (or perhaps the correct terms might be “ease” or “space”) between the legs and the torso. The pelvic floor needs to have freedom/space in order to “lift” the torso. Many people, in the effort to maintain the upright posture, they are locking the thighs into the groin or the sacro-iliac ligaments, because they are unable to sustain the smaller alignments of the perineal floor and lower abdomen. Thus addressing tension at Liv12 (Ji Mai 急脈 – the Anxious Pulse), tail bone shifts, and the Sacro-iliac ligaments (U.B.53 胞育 Bao Huang) is very important. All these also relate to the state of the nervous system which is affected by the freedom of the tailbone to float down, the sacrum to widen, and the top front of the thigh to lengthen.

In the creation of the “lift,” when the pelvic floor is not supporting the spine and the lift, tension can arise in the upper back as an attempt to lift from the top. This has two implications structurally: it means that we can often treat shoulder and upper back issues by use of the hip area, and it also means that we there are cases we can release the upper back tension to re-educate the body to use pelvic floor awareness, and if that takes root, then releasing the upper back (often on the S.I. Channel) will successfully release the lower back and hips (this is reflected in the mirroring of the S.I. Zigzag on the scapula, and the U.B on the sacrum).

Much of the material presented here was discussed at greater length a Prostatitis/Endometriosis paper on the Lower Jiao, and I encourage you to get more details through that paper.

I have taken a fair amount of liberty in interpreting point names. The translations are exact (to the best of my knowledge) but the interpretation are unconventional in some cases and reflect my own view: I was taught to view the channel system and point names, as a map that each one of us needs to find the key to, and create our own understanding of.