Principles/Process of this Style

- Gather Medical History
- Gather Palpatory Findings
- Correlate & Prioritize
- Test and Treat

Keep going between steps 3 and 4 (prioritizing/diagnosing and testing) until you find the point combination that clears the abdomen most effectively.

If you are unable to get an effective treatment from your diagnosis, go back to steps 1 & 2 (change diagnosis!)

Medical History

- Chronological order including birth and inherited diseases
- Look for the "first injury"
- Look for most significant injuries/events

• Can you identify the "root"?

Root = the injury that when addresses knocks of all other findings like a domino effect

Palpatory Findings

- Get the General Picture first Do not try and resolve anything until you have the full picture so you can prioritize
- Palpate the abdomen, neck & throat it is hard to palpate and test the back when the patient lies face up

Channel Palpation

Fire point diagnosis, bumps, edema, etc.

Prioritizing

- Is the first injury reflecting in the body?
- Most significant aspects of medical history
 - Most signficant palpatory findings

Here we correlate all that we have found and create a "strategy"," a "story" that explains why the patient has this condition.

This strategy may be wrong, hence we test it. Keep going through strategies, abandoning what does not work, until you find the best strategy.

Testing

- Does this strategy (Step 3) resolve the abdomen? How fully?
- Look for the "one strategy" that clears the whole abdomen, neck and back
 - This is not always possible 2-3 strategies are sometimes needed

A strategy/protocol that clears only one finding is less valuable than one that clears many. Abandon less efficient strategies!

Why Choose A Point

- It is part of a protocol ("my teacher said so")
- Location, channel, classification, etc. fit the strategy
- Name

The point has to "prove itself" by creating a clear change. The change can be in the pulse, palpatory findings, or whatever, so you can evaluate it (ideally prior to needling).

It is **NOT** enough that a point clears a finding in the abdomen!!!

- The question is how much of the abdomen does it clear.
- When you find a point that clears a reflex it has no connection to, it suggests that point is central.

Priorities & Preferences

- 1. Ensure there is Chuai 踹(up/down in the legs)
- 2. The "Type" of the patient (Spleen, Liver, ANS, etc.)
- 3. The physiology/pathology of the patient: This comes from the medical history can be Chinese (5 elements) or Western
- 4. Channel/location of problem

Type (#2) and physiology (#3) can be the same or different

Types that Tend to Take Priority

Blood Pressure or Circulation ANS Thyroid Diabetes (as well as sugar imbalances) Autoimmune Immune Fibroids/cysts

Does the person have Chuai 踹?

Chuai (踹) kicking/stomping 足 foot

- + 耑 focus
 - (山 above ground & 而 below ground)

Liv8 曲泉 Qu Quan

🛗 Qu = Bent

泉 – Quan = Spring, Fountain

Cysts/fibroids Tendons/ligaments Water Point (Metal Water – Liv4 +8)

SP9 陰陵泉 Yin Ling Quan 陰 – Yin 陵 – Ling = Mound, burial - 阝 Hill + 夌: walk over a protruding mound 泉 – Quan = Spring, Fountain (White 自 above + Water under) L4-L5 (G.B.34 for sacro-iliac), for G.B.21 Appendix (right side) Diarrhea (left side) Blood Pressure Parkinson's (with G.B.39)

G.B.34 陽陵泉 Y	ang Ling Quan
<mark>陽</mark> Yang	
陵 Ling = Mound/Burrial ; 『 Hill + 夌 : walking	ground over a protruding mound
泉 Quan = Spring/Fountai	n
Meeting of "Torque" Sacro-iliac ligament Wrist & shoulder	Calf crams Hot Flushes (with SP9) Exorcism



SP3 **太白** Tai Bai

Diabetes (with Kidney, Immune, Oddi, T11/12) Muscular pain Brachial Plexus congestion Numbness/neuropathy

Anxiety/Depression (shows on Ren15 or Ren17 – add Pericardium)

Weak Pulse - second position disappears with pressure

Liv4 中封 Zhong Feng

中 – Zhong = Centre

Ligaments/tendons Liver (Metal on Wood) Oketsu

Liv4 中封 Zhong Feng

Ling Shu 2 –

中封內踝之前一寸半

Zong Feng (Liv4) enters the ankle prior to one cun, incompletely Meaning it is one cun below the ankle! (you will find slightly puffy tissue there)

使逆則宛,使和則通

Make opposite (against) then bent (crooked), make harmony then open (flow)

搖足而得之

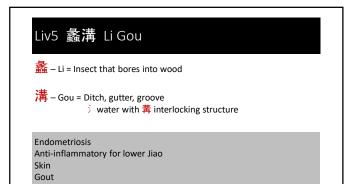
Rock the foot to find it

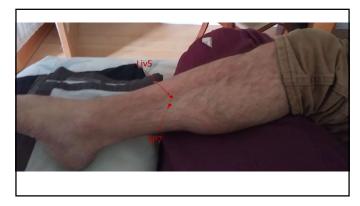
Kid7 **復溜** Fu Liu

復 Fu = Repeat, Recover step f + repeat 复

溜 Liu = Skate, slip away ジ Water + 留 Liu to remain: stop 卯 in a field 田

The falling (lack of Chuai 踹) in the kidney channel Thyroid Ovaries Bones (kidney homes to bones: heel, pubic, sternum, hyoid) Quadratus Lumborum, G.B.26, Pectoralis, L.I./Lung shoulder pain



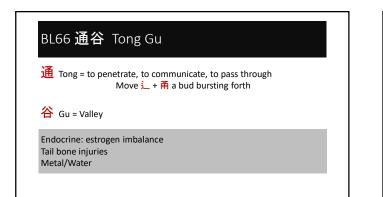




Inner Yin 新殷門 Xin Yin Men

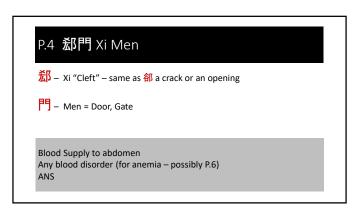
- 新 Xin = New, Fresh
- 段 Yin = Abundance
- Men = Gate
- Meaning New B37 (Yin Men)
- 5 fingers above Kid10
- or think of it as Liv9 on the Kidney Liv9 = Yin Bao 陰包

Hormonal Supports Perineal Floor – Upright Posture Trapezius Releasing point Constipation (left side)

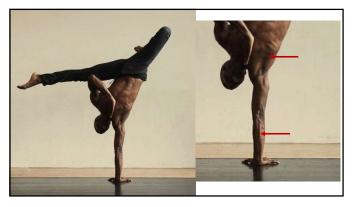




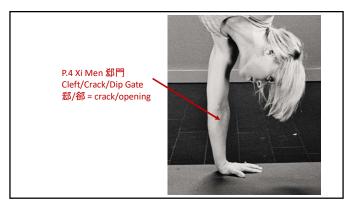






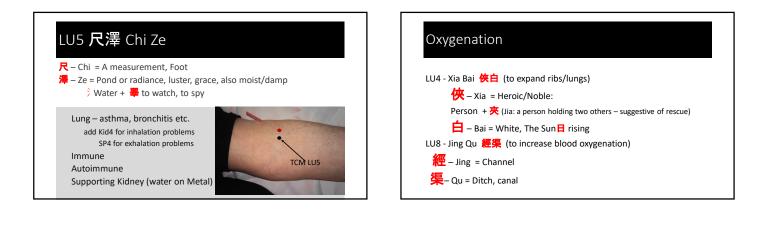








L.I.11 曲池 Qu Chi	
🛗 – Qu = Bend	
池 – Chi = Pond/Pool	
where water pools into, a basin	
(e.g., 电池 a battery – where electricity pools)	
P.1 - Tian Chi 天池 (Heaven Pool)	
S.J.4 - Yang Chi 陽池 (Yang Pool)	
G.B.20 – Feng Chi 風池 (Wind Pool)	
What is pooled at L.I.11? the ability to bend/manipulate/move (see S.J.22)	



DU2 腰俞 Yao Shu

腰 – Yao = Waist, lower back,

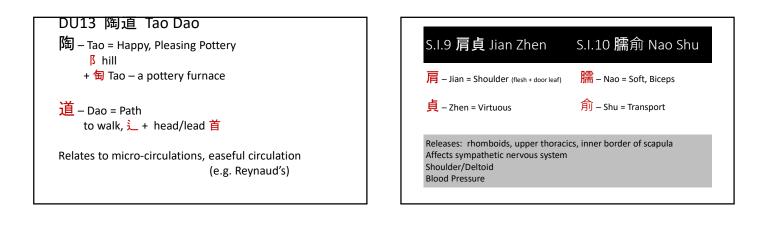
俞 – Shu = Transport

Spine/Back ANS (check against left BL43)

BL42 魄戶 Po Hu BL43 膏肓俞 Gao Huang Shu

魄戶 BL42 Po Hu, Door of Po 膏肓俞 BL43 Gao Huang Shu 肓 Huang = Wang 亡 – dead, perished missing, buried to enter 入 into a concealed space +月 - in the body

Circulation Oxygenation (U.B.43 - genetic disorders)





天 – Tian = Heaven

宗 – Zong = Ancestor, Sect (a building of revelation/worship 示)

Zong (Ancestral/Pectoral) Qi: circulation Left – Cardiac Right – Digestion (Gall Bladder, Liver, Stomach, Small Intestine) "Breast Shu"



S.J.22 (**耳)和髎** (Er) He Liao

耳 – Er = Ear

和 – He = Harmony

1 → Liao = "Bone Hole" - 骨 Bone + 翏 to soar, the sound of wind