

Releasing the Fifth Missing Limb **Treatment of Neurological Conditions**

CSOMA Expo, 2000

SCM Release by Master Nagano:

For any involuntary motor problems, release the SCM using
~S.J.8 (one third down from the elbow)
+ G.B.40

if pulse is rapid, use S.J.5 + G.B.41

use both Shao Yang points on the opposite side of the tight/target SCM

for paralysis, post-stroke, add ST41 (same side as SCM)

Head Injury by Master Nagano:

Shao Yang head injury:

~S.J.8 + G.B.40 (or S.J.5 + G.B.41 if rapid pulse)

Tai Yang head injury:

I-Hi-Kun – U.B.58, U.B.40, U.B.60

This is the initial characters of the point names in Japanese
Ichuu (Wei Zhong, U.B.40), HiYon (Fey Yang, U.B.58), KunLun (U.B.60)
U.B.60 is needled against the channel and is stimulated

Basilar Artery Insufficiency:

Reflects on the base of the occiput (U.B.10, G.B.20 area) and upper cervicals

Treat via:

Liv8, Kid10, ~S.J.8 (all on the same side as neck tension)

I-Hi-Kun (same side)

I add the Shanghai text Ear Vagus point (in the back of the ear) to all of these.

Nasako needles the top of the SCM to open up the carotid artery.

Nagano needles the top of the SCM for eye problems.

Any brain injury – look for the painful spot between G.B.40 and U.B.63 on the opposite side.

Tight Pulse by Master Nagano:

This is an excess pulse that maintains strength and quality upon deep palpation
It can be described as wiry (tight), slippery and forceful by TCM practitioners
This indicates brain damage by Master Nagano (typical in Parkinson's)

Treat G.B.39 (against the channel, thicker needle) and SP9 (with the channel)

Wiry Pulse by Master Nagano:

This is the main indication of an ANS disorder.
This pulse is wiry and thready and disappears upon deeper palpation

Treat Under-3rd-Toe

Rapid pulse, add Ren6, Liv12 (also, moxa right Liv1 if Liver Deficiency signs)

Slow pulse, use DU2

Choose Pericardium points according to 3kg-pressure on P.8

Brain Points by Master Kawai:

For post-stroke, atrophy, and paralysis.

Draw a line from DU20 to the ear apex when the ear is bent forwards (call this G.B.8).

Also draw a line from DU20 to G.B.1.

You can use any of these lines, or the area (triangle) that is delineated by them.
Look for a dent in the scalp in the area that corresponds to the limb to be affected
Use opposite side to the affected limb
Needle back towards DU16.

Lower Limb – $\frac{1}{4}$ way from DU20 to either G.B.8 (defined above) or G.B.1

Upper Limb – $\frac{1}{2}$ way from DU20 to either G.B.8 (defined above) or G.B.1

Speech – $\frac{3}{4}$ way from DU20 to either G.B.8 (defined above) or G.B.1

If there is no longer danger of brain instability, and the main problem is with the brain, these points can also be used with a triple by-pass cord, sparking DU20, and attaching the black clip on DU20.

In cases of brain damage – treat both sides, the affected side (opposite affected limbs), as well as the unaffected side for prevention.

These points can also be used for stubborn limb problems.

Coordination, Parkinson's, epilepsy – find the dents above U.B.2 around the hairline

Limb Paralysis/Atrophy by Master Kawai:

For arm:

L.I.4 – green clip of 3-bypass cord

S.J.3 ½ (Like lateral Yao Tong Xue_ - red clip

Immune Point (L.I.10-11 area on San Jiao channel) – spark and attach black clip
(I tend to add ~S.J.8 and spark it also)

For leg:

Liv3 – green

G.B.41 – red

ST36 or below, or G.B.34 (or both) – spark and attach the black cord

When choosing the points for the black clip (Immune, ~S.J.8, ST36, G.B.34) make sure that the point selected creates a slight jerk in the hand/foot when pressed. When the point is sparked the foot/hand should move quite noticeably: the bigger the movement, the more effective the treatment. If there is no movement upon sparking, look for another point for the black clip.

Leg Neuropathy by Master Kawai:

Find the border between the numb area and the normal feeling area. There is a painful spot on that border. Place the diode chain on the border (or use diode rings, colour to colour, all around the width of the leg). Attach the green clip to the chain, on the painful spot, and the red clip on the secondly-most-painful spot, surround with aluminum foil, and spark the foil, attaching the black clip to the foil.

Also needle T11, T12, U.B.42 (outwards) and Yao Yan (down toward the leg).

Spinal Cord Injury:

For any spinal cord injury, where the actual injury site might be too sensitive, you can use T5 or T11-T12 as a reflex of the injury.

Treat Basilar Artery Insufficiency (see above)

Release the Sacro-iliac ligaments

Four Corners

Diode rings on the injury sight (colour-to-colour) or diode chain. Attached the red and green clips of the 3-bypass cord to the rings, cover with aluminum, and spark the aluminum foil. Attach the black clip to the aluminum foil.

The following conditions also affect neurological conditions and should be checked. (The articles below address gynecological conditions specifically, but the treatment principle is the same.)

Thyroid Conditions:

Thyroid conditions are extremely prevalent in women. Some estimate that 30% of all women have abnormal thyroid activity that is often undetected. One should always suspect thyroid issues in fatigue, depression, dry skin and hair, and muscle aches, especially in the neck and shoulder area. The thyroid, adrenals, and ovaries work in synergy and are antagonised by the parathyroid and pituitary (as well as insulin). In Chinese terms, the thyroid is located at ST9, Ren Yin, meaning the point where one welcomes ones humanity, or, perhaps, puberty. It thus influences the whole body and particularly the rest of the stomach channel, influencing the internal organs. The thyroid itself, much like the ovaries, is in the influence sphere of the Kidneys, which channel circles the throat and is intimately related to all glands.

Thyroid conditions will reflect on the thyroid area itself, that is ST9, L.I.18 and below – the lower third of the throat, as well as pressure pain on the abdomen on the Stomach channel, anywhere between ST20 and ST30 (of course pressure pain here can be a reflection of many other conditions, depending on location).

The main thyroid releasing points by Master Kawai are on the back of the ear. The points are found when the ear is folded toward the front. The first point is under the tendon that sticks out when the ear is pulled forward, where the ear meets the skull. This is the point the “Shanghai text” (Acupuncture – A Comprehensive Text, page 491) refers to as Yang Linking. The other point is in the groove that is on the back of the shoulder area in the ear, directly behind the point the Shanghai text calls Thyroid #1. People with thyroid conditions often show a darker discoloration in this area. These points are used regardless of hyper- or hypo-thyroidism.

Master Nagano differentiates hyper- and hypo-thyroidism, though both are considered to be in the Kidney domain. In hyperthyroid patients, it is common to find pressure pain on Kid2, and hence Kid7 and Kid10 are needed, as well as ~S.J.8, one third down from the elbow on the San Jiao channel. In hypo-thyroidism, Kid3 is needled, toward the achilles tendon, with S.J.4. Master Nagano further emphasizes the use of the Du channel in hypothyroidism, using any painful spots along DU2, DU4, DU6, DU9, and DU14: if the point under the vertebra is painful it is needled upwards with the channel flow, while if the Hua Tuo area is painful, it is needled at a 45° angle toward the spine. Select only the points that are tender upon palpation.

One can use both the Kawai and the Nagano approaches. With each point selected, make sure that the pressure pain on the thyroid area (below ST9, L.I.18) is diminished when pressing on the selected treatment point, and that the treatment point also alleviates pressure pain on the gynecological reflexes (Kid13, ST28). Because of the intimate relationship between ovaries and thyroid, thyroid points are likely to greatly influence pressure pain on ST28, the ovary reflex, and may do a lesser job for the uterine reflex of Kid13.

Blood Pressure

Blood pressure problems play an enormous role in all disease processes, because blood pressure is an indication of the flow of Qi and Blood. If blood pressure is too low, Qi and Blood are not moving well, and thus no amount of needling will produce results until that is corrected. Many systems depend on proper blood pressure for their proper functioning, including the lungs, digestion, and kidney filtration. These in turn will influence other systems. Blood pressure disorders are also viewed as an autonomic system disorder with systolic pressure representing sympathetic NS and diastolic pressure representing the parasympathetic NS.

The understanding of high blood pressure is not absolute. Up until recently European doctors would not prescribe hypertensive medication in the elderly as freely as their American counterparts. This is because of the belief that blood pressure naturally rises with age. Nonetheless, I assume all patients who come with a medical diagnosis of HTN to indeed have high blood pressure that needs to be addressed. People with low blood pressure are often not even aware of that fact, because unless they go into shock, the medical establishment has little to offer and does not view it as a disease. Unfortunately low blood pressure patients

suffer not only dizzy spells, but also often complain of digestive and gynecological problems. The differential between systolic and diastolic pressure should be at about 40 mm Hg. If this differential is greater than 50 or less than 30, one must consider the blood pressure as a possible problem.

There is no one specific reflex for blood pressure, where one can say that pressure pain on this area/point indicates high/low blood pressure. The diagnosis is done through standard blood pressure measurements. However, pressure pain on the occipital ridge is common in blood pressure disorders (as well as in other diseases, such as pituitary disorders).

In treating blood pressure disorders, we do not differentiate between high and low pressure, and both are treated in the same manner. The main treatment point is a point under the third toe, in the centre of the phalangeal-tarsal crease. I only use Seirin #1 needles here. Other points are SP6, SP9 and Pericardium points. The Pericardium point to be needled is chosen based on response to pressure on P.8. If P.8 is painful upon 3kg pressure, then P.3 and P.5 are needled, both with the flow of the channel. P.3 is taken as between the two tendons of the bicep, not medially to the medial tendon as in the TCM location. If the patient likes the pressure on P.8, P.8 is needled (again I use Seirin #1). If the patient likes the pressure on P.8 but refuses to have it needled, then needle the point we call P.4, which is 3 fingers below P.3 (described above) where the depression is found upon very light palpation. If the patient neither likes nor dislikes 3kg pressure on P.8, P.6 is needled. All pericardium points are needle lightly and with the flow of the channel.

On the back, you will find tension/pressure pain in the area between S.I.9 and S.I.10. Needle this area up and out (toward the deltoid). This area will release upper body pain, especially between the scapulas.

Although the use of blood pressure treatment is determined primarily by the patient's blood pressure readings, all points can be checked against other abdominal findings. If blood pressure is indeed a major contributor to the disease process, pressing on the various blood pressure points, as per above, will indeed release the abdomen, at least to some extent, regardless of what the abdominal findings represent.

Autonomic Nervous System

The autonomic nervous system (ANS) influences all systems in the body and is highly correlated to the hormonal system. We find a primitive analogue in that the nervous system can be said to conduct signals electrically while the hormonal system does the same chemically. Signs of a mal-adjusted ANS can be sweating easily, easily nervous, palpitations, temperature imbalance, insomnia, and lack of time adjustment (that is, sleepy during the day yet overly awake at night and unable to sleep).

A typical pulse in ANS disorders is a pulse Master Nagano calls a tight pulse. This pulse is often thready and has a "wiry" or tight quality. Most significantly this pulse either disappears or changes quality upon deeper palpation.

There are many abdominal and other reflex areas that will display pressure pain in an ANS disorder. However, none of them are conclusive. Ren17 is called "anxiety reflex" and typically shows in ANS type patients. Pressure pain (with 3kg pressure) on P.8 may be an indication of ANS disorder: if on one side P.8 is painful but on the other side it is not, this is a clear indication of ANS disorder as we consider the Pericardium channel to be the ANS channel. The occipital region can also reflect ANS problems, especially blood pressure imbalances (both low and high blood pressure). Tightness in the SCM muscle is commonly seen as well, as the vagus nerve runs through the SCM, and tightness in the SCM congests the parasympathetic action of the vagus nerve.

It is not necessary to have an ANS pulse or any particular body reflex for the diagnosis of an ANS imbalance. One can diagnose an ANS disorder from the symptoms, and we confirm the diagnosis by ascertaining that ANS treatment points indeed resolve, or help resolve, the abdominal findings and other reflexes.

If there is SCM tightness, this should be resolved first, to allow parasympathetic function to flow into the organs. We release the SCM using opposite side Shao Yang points. If the patient has a rapid pulse we use S.J.5 and G.B.41 opposite the tight SCM, making sure that the tightness is softened and the pressure pain is eased. If the pulse is normal or slow, we use ~S.J.8 and G.B.40 (still on the opposite side of the SCM to be

released). The point we call “~S.J.8” is about one-third down from the elbow to the wrist, and is at the mound of the muscle (it is in fact above S.J.9). If the point releases the SCM on the opposite side, then it is the right point.

Ren17 pain is released by use of Pericardium channel points. However prior to using the Pericardium channel, we use S.J.5 with G.B.41, bilaterally, especially if the patient has a rapid pulse.

The use of Pericardium points is extremely important in ANS disorders, and is determined as explained in the blood pressure section.

We always differentiate between rapid pulse and slow pulse for ANS patients, as the pulse rate determines the treatment strategy. Rapid pulse patient requires emphasis on the abdomen, while slow pulse type patient is treated on the back. Rapid pulse is considered 85 beats per minutes or faster. Slow pulse is 65 BPM or less. We normally treat patients with a pulse rate of 65-85 BPM as if they had a rapid pulse. It is very important to not mix the two strategies.

For the rapid pulse type, we treat the point under the 3rd toe, in the centre of the phalangeal-metatarsal joint (plantar side). This point often releases Ren17, as well as the occiput (on the opposite side of the toe used). The third toe does not have any points on it and is in the domain of the Stomach sinew meridian. Akabane determined that it relates to the chest and diaphragm. We also use Ren6 and Liv12 for rapid pulse type. We needle Liv12 superficially and towards the pubic bone. It is important to find the tight spot around Liv12. Tightness on Liv12 may be disrupting blood circulation into the abdomen, and can be a cause of gynecological disorders.

If the patient has a slow pulse rate, then DU2, needled superficially upwards, is used in lieu of Ren6 and Liv12. (It is important to not stimulate the abdomen when a patient has a slow pulse as abdominal stimulation can further slow the pulse rate.)

Mineral Imbalance Treatment:

Some neurological conditions may involve a mineral imbalance, in which case the following point combination can be considered:

Kid6 (Zhao Hai), SP10 (Xue Hai), S.I.8 (Xiao Hai), HT3 (Shao Hai)

If pulse is rapid – add Ren6 (Qi Hai)

These are all points with the character Hai (Ocean) which implies salt or minerals.

Diabetes:

Diabetes can be a contributing complication in neurological conditions.

Treat:

SP3 or SP6

SP9

Kid6 + Kid27

Immune Points

Nagano ST22 (Oddi point)

T11, T12

I am happy to answer technical questions and help you with difficult questions. However, I cannot do this on the phone. The best way to reach me is by email at avim@mindspring.com.