Foreword by Heiner Fruehauf

PRICKING THE VESSELS

Bloodletting Therapy in Chinese Medicine

Henry McCann

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Bloodletting Therapy in Chinese Medicine

HENRY MCCANN

Foreword by Heiner Fruehauf

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Dedicated to my mother and father, who, although are both gone, continue to inspire and teach me

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Foreword

The field of Chinese medicine in the Western hemisphere is maturing. Henry McCann's volume on the ancient Chinese methodology of bloodletting is among a rare group of contemporary monographs that demonstrate this development.

During the last 30 years, each time I have stayed in China a very poignant refrain has grown louder: genuine Chinese medicine is becoming extinct! New Traditional Chinese Medicine (TCM) universities and research institutions are being erected every day, but the people who are able to practice at a high clinical level are getting older and rapidly decreasing in number. Many effective herbs are no longer being harvested or produced; but when they are, the traditional processing methods used are inadequate and the herbs lack potency. Most importantly, many of the diverse treatment methods that were once an integral part of the diverse microcosm of Chinese medical culture have disappeared, mirroring the many plant and animal species that are currently in the process of becoming extinct. The practice of pricking the blood vessels to release toxic influences from the system is perhaps the best example of a once extremely common treatment method that has fallen by the wayside in the

process of TCM standardization, which continually tends to narrow the classical range of Oriental medicine.

With great scholarly diligence Henry McCann demonstrates how the art and science of bloodletting was once a vital part of the discipline of "acupuncture." Ancient Chinese texts portray bloodletting as a powerful cleansing modality, which was once also a standard feature of holistic medical traditions in Europe and the Middle East. At a time of modern excesses, the reintroduction of bloodletting as a vital part of acupuncture has the potential of greatly enriching every Oriental medicine practitioner's therapeutic repertoire.

Most valuable for us, however, is how Dr. McCann is able to effectively weave his own clinical experience and confidence into the description of the classical record on bloodletting therapies. The structure of this book therefore leaves contemporary practitioners of acupuncture with a real sense of how to safely and effectively apply this forgotten modality.

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Corbett, Oregon
October, 2013

ACKNOWLEDGMENTS

My first introduction to bloodletting happened quite accidentally. I was a young student at the New England School of Acupuncture sitting in the student clinic one afternoon reading a copy of the *Ling Shu* in translation (in the days before I could read as much in the original Chinese). One of my Japanese teachers walked up behind me and asked what I was reading. I told him, and then he replied rather enigmatically, "You know, most of that is bloodletting, not acupuncture." And then he walked away.

That simple statement, whether true or not, sent my head spinning. How could it be that a technique so revered, so ancient, so obviously important at one time, be so underrepresented in modern teaching and practice? After that moment I asked everyone I could about bloodletting. Many other teachers spoke highly of it but didn't want to really discuss it or openly teach it, almost as if it were some mystical practice given only to initiates. Well, my general nature found that disturbing. Secret teachings are anathema to medicine and I can say with absolute certainty that every medical technique, if of any value at all, should be openly taught to as many people as possible. Therefore, I continued my study of bloodletting with whomever would teach me, and with any text I could find, so that I

could compile the information and present it to everyone.

None of us accomplishes anything in a vacuum. Therefore, special thanks are due to those many people who have contributed to the production of this book, either directly or conceptually. First, thanks are due to my publisher Jessica Kingsley and her fantastic staff. I would like to express my gratitude to my student Melissa Kallsen for reading through various drafts of the book, and to my partner Candace Sarges for helping with editing this text, and also for her constant encouragement and support. Thank you to Brendan Ford for working so hard on producing a new set of diagrams found in Chapter 10 of this book.

To my teachers at the New England School of Acupuncture and the Oregon College of Oriental Medicine, special thanks for allowing me to have been a part of two preeminent traditional medicine institutions in the United States. Thanks are due to all my other teachers, and to my patients, who in fact are the greatest teachers I've ever had. I would also be remiss if I didn't acknowledge my family, including my wife Jennifer and son Henry, who put up with my many long hours of work with love, support, and not a word of complaint.

My sincere hope is that people who read this book use these techniques to help their patients, and then continue to teach this material to future generations of acupuncture and

Oriental medicine practitioners. May the few simple words between these covers help eliminate suffering and the cause of suffering for all beings under the sky.

Henry McCann (馬爾博)

Written during Minor Heat (小暑)
in the year Gui Si (癸巳) 2013
New Jersey, USA

DISCLAIMER

Chinese medicine (also known as Acupuncture and Oriental Medicine, East Asian Medicine, *et al.*) is a professional system of healthcare. The information in this text is not meant to be implemented by laypersons, and neither the author nor the publisher advocate self treatment. Healthcare providers interested in learning Chinese medicine should seek formal instruction. Patients who would like to receive treatment are urged to contact a professional healthcare provider.

Medical science is a constantly evolving and ever changing field. The information in this text is provided in good faith, but the author is not responsible for errors or omissions, and cannot be held responsible for treatments undertaken after having read this book. This book is provided for the purpose of educating licensed or qualified healthcare professionals about Chinese medicine.

CHAPTER 1

Introduction

*Everyone who aspires to be a great physician must be intimately familiar with the following classics: the Simple Questions (*Huangdi neijing suwen*), the Systematic Classic of Acupuncture and Moxibustion (*Zhenjiu jiayi jing*), the Yellow Emperor's Needle Classic (*Huangdi neijing lingshu*), and the Laws of Energy Circulation from the Hall of Enlightenment (*Mingtang liuzhu*). Furthermore, one must master the twelve channel systems, the three locations and nine positions of pulse diagnosis, the system of the five zang and the six fu organs, the concept of surface and interior, the acumoxa points, as well as the* materia medica *in the form of single herbs, herb pairs, and the classic formulas presented in the writings of Zhang Zhongjing, Wang Shuhe, Ruan Henan, Fan Dongyang, Zhang Miao, Jin Shao, and other masters.*

How a Great Physician Should Train for the Practice of Medicine
Qian Jin Yao Fang, Sun Simiao (581–682) (Fruehauf

n.d.)

Chinese medicine is an eclectic collection of various theoretical constructs as well as interventions. Unlike modern Western sciences Chinese medicine is accretionist; it adopts then adapts new concepts and therapies, adding them to older ones without necessarily having to abandon previously held convictions or therapeutic protocols. In the spirit of an inherently eclectic medical system, physicians, too—both historically and in contemporary times—utilize a wide variety of interventions depending on the individual needs of a patient. As the introductory quote suggests, those who aspire to be a "great physician" need to study and implement a wide variety of therapies, including both herbal medicine and acupuncture. In the *Yi Fa Fang Yi Lun* (Treatise on the Different Patterns Suitable for the Cardinal Directions, *Su Wen*, Chapter 12) the different therapies from the regions of China are expounded upon, the chapter concluding with the admonition that the physician should be able to diagnose and then flexibly use different therapies as needed. The *Bao Ming Quan Xing Lun* (Treatise on Treasuring Life and Preserving the Form, *Su Wen*, Chapter 25) lays out the requirements of study for a physician: first caring for the *shen*, second understanding the principles of nourishing life (*yang shen* 養身), third a knowledge of herbal medicines, fourth the use of stone

implements, and fifth knowledge of diagnosis. Like the *Qian Jin Yao Fang* as quoted above, the *Huang Di Nei Jing* (see Chapter 3) advocates multi-faceted understanding of a wide range of diagnostics and therapeutics.

However, the reality is that Chinese medicine providers often limit themselves to the practice of *either* herbal medicine, or acupuncture, or manual therapies (such as Tuina). In China today hospital departments are mostly segregated both by specialty as well as therapy. For example, in gynecology departments herbal medicine alone is prescribed, and in acupuncture departments only acupuncture is performed for patients. In the Western world most schools allow students the option of studying acupuncture without ever learning herbal medicine, and in Japan acupuncturists may not legally practice herbal medicine due to historical constraints on their practice (Lock 1984). Certainly, acupuncture is a rich and complex enough therapy that it can justify a lifetime of study devoted to it alone. Thus, a practitioner's focus on acupuncture to the exclusion of herbal medicine or manual therapies is, I believe, justified and a valid professional choice.

That said, the incorporation of a wide range of therapies, including not only herbal medicine but also modern Western medical treatments, vastly increases the

number of diseases and patients that can be adequately treated. Oriental medicine professionals who only practice acupuncture are limited by their therapy as to what they can effectively treat. However, acupuncturists historically have incorporated in their practices a variety of sub-therapies that are generally seen to be included under the rubric of what is translated into English as "acupuncture"—needle therapy, moxibustion, cupping, gua sha, bloodletting therapy, and today newer procedures such as point injection, knife needle (*dao zhen* 刀針) and electric or laser stimulation. Indeed, I would argue, that fine needle therapy as mono-therapy—that is, fine needle-based acupuncture to the exclusion of *all* other techniques—is not what was intended by the classics or even our most illustrious historical and contemporary acupuncture teachers.

As both a teacher and practitioner of Chinese medicine, what I find most saddening is not that many Western acupuncturists never use herbal medicine in their practices, but rather that they fail to use other therapies beyond fine needle stimulation as a part of their "acupuncture" practice. In my opinion, all acupuncturists must be adept at using, at the very least, the cardinal three therapies of acupuncture, to be defined in this book from this point forth as fine needle stimulation, moxibustion, and bloodletting therapy. Each has its own place and

therapeutic strengths that can be exploited for the benefit of patients.

Acupuncture, theoretically, is best at and preeminent for readjusting the qi of the channel system. Moxibustion, essentially herbal medicine applied to acupuncture points, warms the body and can *add* new qi to the channel network. Thus, while moxibustion can be used to drain as well as supplement, it is *best* at warm supplementation. Bloodletting more specifically *removes* something from the system, either external evils such as heat, or internal disruptions such as blood stasis. In this respect it can be seen as the opposite of moxibustion (Baek 1990).

A 2007 survey in Korea found that bloodletting is very popular among senior doctors of Oriental medicine; 89.4 percent of the practitioners surveyed used the therapy regularly (Han *et al*. 2007). Anecdotally, however, as an acupuncture teacher at the post-graduate level in the United States, Europe, and Asia, my students report utilizing bloodletting infrequently at best. Interestingly, this apparent reticence to use bloodletting therapy is not something new. See, for example, this passage written by one of the preeminent physicians of eighteenth-century China.

> One of the pricking methods in ancient times was to take blood in large amounts. This is outlined in great detail by the Ling Shu in its discussion of the blood luo-

> network vessels. In particular in cases of headache and pain in the waist, one must drain the blood in large quantities. Whenever some evil is located in the luo-network vessels, they must be eliminated completely… Today if people happen to see some blood, both patients and physicians are frightened and lose all direction. How can an illness be removed? (Xu Da Chun in Unschuld 1998, p.246)

I think the possible reasons for the modern aversion to bloodletting are manifold, but stem primarily from lack of understanding, lack of training, or fear that patients or legislators will not tolerate the therapies. Moxibustion is commonly taught in Western schools of Chinese medicine, and while I think it may not be taught as thoroughly as it could be, it is covered as a mandatory and essential skill. Bloodletting, however, is taught in a very limited capacity. For example, when I was a student at the New England School of Acupuncture, bloodletting was covered in less than one class of a semester-long course on needle and moxibustion techniques (although it was covered slightly more thoroughly in some elective classes). In the student clinic at one of the colleges where I teach, students are prohibited from practicing bloodletting with cupping as well as seven star needling. My post-graduate students report similar experiences in their acupuncture school

training. It is no wonder then that some acupuncturists neither understand nor use the therapy in their practices. My motivation for writing this book is to help remedy this situation. Bloodletting therapy is an incredibly flexible and useful part of Chinese medicine, and therefore I hope this short introductory text can serve as a basic manual on bloodletting for new students in Chinese medical colleges as well as seasoned acupuncturists who never had the opportunity to adequately learn bloodletting. Once providers have a better understanding of the theory and practice of bloodletting, they can use it effectively with patients. When combined with fine needle acupuncture and moxibustion, acupuncturists will then be able to treat a much wider range of patients and disease presentations.

Throughout this book information is taken from a variety of sources, including several lineages or currents of Chinese medicine. One of the most prominent lineages I draw from is the Tung lineage of classical acupuncture. In this text there is a short introduction to this system, but readers interested in a more in-depth exploration of the topic should see the *Practical Atlas of Tung's Acupuncture* by myself and my close friend and colleague Dr. Hans-Georg Ross (McCann and Ross 2013), or another good introductory text on the topic. Appendix 2 provides a list of Tung lineage points referenced in this text along with their locations, functions, and indications.

As with everything in Chinese medicine, we begin from classic texts. Our exploration of bloodletting therapy must therefore begin with an historical perspective. Following that, we will look at the *Huang Di Nei Jing* as a rich source for understanding bloodletting therapy by surveying treatment strategies, indications, and general references to bloodletting. This then will serve as a jumping off point to look at fundamental Chinese medical therapy related to blood and the network vessels, the actual areas to which we apply bloodletting therapy, and the Chinese medical functions associated today with bloodletting therapy. In this section I will describe my own conceptual structure of looking at primary and secondary functions of bloodletting. I will also present my own theories of bloodletting in treating complex and chronic disease, and describe in theoretical terms why, according to my clinical experience, bloodletting can be used to treat chronic or degenerative disease associated with Kidney vacuity. After a thorough theoretical exposition we will move on to look at bloodletting as presented in contemporary Chinese medicine, and then look at the classical acupuncture lineage of Tung Ching Chang and its extensive use of bloodletting therapy. Our last chapter will explore the combined application of bloodletting and acu-moxa therapy in a variety of complex pattern presentations.

CHAPTER 2

An Overview and History of Bloodletting Therapy

In Chinese medicine, bloodletting therapy is the purposeful elicitation of bleeding from the surface of the body for therapeutic purposes. As will be described later in this book, bloodletting therapy can be applied to specific acupuncture points, channels, or other zones of the body that may or may not relate to classical acupuncture points. Unlike Western medicine's historical approach to bloodletting, bloodletting in Chinese medicine typically does not involve venisection that lets large amounts of blood.

Chinese medical literature uses several terms that refer to bloodletting therapy. First is *luo ci* 刺絡—network vessel pricking. This term refers to one of the Nine Needle Methods that first appears in the *Guan Zhen*, Chapter 7 of the Divine Pivot (*Huang Di Nei Jing Ling Shu*), and is defined by Wiseman and Ye (1998) as "bloodletting by pricking the small vessels with a three-edged needle." Another term that describes this same therapeutic procedure is *fang xue* 放血, rendered into English by Wiseman specifically as "bloodletting." Yet other terms

are *tiao ci fang xue* 挑刺放血 or *tiao ci chu xue* 挑刺出血, pick to bleed, and *san ci* 散刺, diffuse pricking.

Physicians and other medical practitoners from just about every culture throughout history have practiced some form of bloodletting. Archeological evidence of sharpened stones or bones justifies the supposition that bloodletting has been practiced across many cultures since at least the Stone Age (Root-Bernstein and Root-Bernstein 1997), and Egyptian and Hippocratic medical literature also mention bloodletting (The art and history of bloodletting 2000). Although contemporary Western physicians look askance at bloodletting, the fact is that "if bloodletting is considered nothing more than corrupt chicanery…then nearly all physicians in the past were charlatans" (Root-Bernstein and Root-Bernstein 1997, p.74). Even well into the nineteenth century, bloodletting was one of the most extensively used therapies. Marshall Hall in his *On Morbid Conditions and Curative Effects of Loss of Blood* notes, "Bloodletting is not only the most powerful and important, but the most generally used, of all our remedies" (in Kasting 1990, p.515).

The earliest examples of writing in China are Shang Dynasty (1600–1027 BCE) Oracle Bones, fragments of bone used for divination onto which questions were written in early Chinese script. Many of these bones dealt with questions of disease and treatment, and, according to

historian Miyashita Saburo, there are references to bloodletting in Oracle Bone writings (in Epler 1980). During the Shang Dynasty, disease was thought to result from the influences of displeased ancestors or other malevolent spirits, and thus bloodletting was most likely done simply to release negative influences of these external entities. If in fact Oracle Bone writing does document bloodletting therapy, it would mean that this practice has been part of the Chinese medical landscape for at least 3000 years (as opposed to acupuncture's historically verifiable history of only about 2000 years). However, as pointed out by Harper, Miyashita's findings of bloodletting evidence in Oracle Bone writings are uncertain and not proof positive of its use in China since the Shang Dynasty (Harper 1998).

Later, around the time of Confucius (551–479 BCE), it was common practice for exorcists to run through city streets in China waving spears in the air and using them to strike at invisible and malevolent spirits in order to break their demonic control over the populace. Unschuld (1985) links this practice to acupuncture, specifically treatments for demonic possession such as the Thirteen Ghost Points of Bian Que that has been transmitted to us today through the writings of Sun Si Miao. While most points in that protocol are treated with fine needle or fire-needle therapy, one point is bled. The use of spears to release the

influence of evil spirits and the similarity of that practice to piercing the surface of the body to release internal negative influences cannot be unacknowledged. I would argue, however, that exorcistic spears are more similar to bloodletting needles than they are to acupuncture needles. The very shape of three-edged-needles used for bloodletting is reminiscent of spears or even ritualistic phurba daggers (Figure 2.1) used by Tibetan Buddhists in exorcism and shamanic healing rituals.

Figure 2.1 Phurba Dagger

Actual archeological and historically sound evidence of bloodletting or even acupuncture practice is hard to find and was scarce until the 1972–1974 excavations of the Ma Wang Dui tomb site in Changsha (Hunan Province, China). The principal occupant of the Ma Wang Dui tombs was Li

Cang, Lord of Dai, who died in 186 BCE. Li was an avid manuscript collector (manuscripts at this time were not books as we know them but slats of bamboo strung together with silk cords on which characters were written), and seven of the manuscripts found, representing 22,000 extant characters, were medical treatises (Harper 1998). What is particularly important and striking about the Ma Wang Dui manuscripts is that they are the earliest untouched evidence of a Chinese medicine similar to what is practiced, at least in theory, in contemporary times. Oracle Bone medical writings document treatments mainly considered to be in the magico-religious realm, such as activities of worship and animal sacrifice. In contrast, the Ma Wang Dui manuscripts document early notions of the channel system with which we are familiar today, and describe naturalist treatment with herbal medicine, dao yin exercises, and moxibustion, although acupuncture is conspicuously absent. Additionally, some manuscripts make frequent reference to *bian* (砭), lancing stones. These early stone lances were used to drain pus from abscesses or wounds and may have been the predecessors of the lance needle mentioned in the *Huang Di Nei Jing*, and the three-edged needle used in later and contemporary times for bloodletting (Epler 1980).

Bloodletting therapy then makes significant and frequent appearances in the *Huang Di Nei Jing Su Wen* and *Ling*

Shu, and is the therapy of choice in many chapters. In fact, there is an interesting parallel between one of the Ma Wang Dui manuscripts (designated Manuscript I.C, entitled *Mai Fa* 脈法, "Model of the Vessels") and the *Guan Zhen* 官針 (*Ling Shu*, Chapter 7), demonstrating the development of needles from *bian*. There is parallel language in these two documents where the terms *bian* and pus (*nong* 膿) in the Ma Wang Dui text are replaced respectively by needle (*zhen* 針) and disease (*bing* 病) in the *Ling Shu* (Harper 1998). While it is impossible to actually trace, it is easily hypothesized that lancing the body to drain pus or let blood may have led to the development of needle stimulation of the channel system (Epler 1980).

Even though the true origins of Chinese bloodletting will probably forever escape a thorough understanding, it is clear that this therapy has a long history of use. Aside from the historical evidence, other scientists have theorized that as far back as prehistoric times, the realization that even spontaneous hemorrhage can have beneficial therapeutic effect (e.g., even spontaneous hemorrhage in small amounts has an antipyretic effect) may have led early humans to adopt bloodletting as remedial therapy (Kasting 1990). However, in order to understand contemporary bloodletting therapy in Chinese acupuncture, we must now turn our attention to the *Huang*

Di Nei Jing and its many references to bloodletting. Since that text is the uncontested foundation of Chinese medicine, its references to bloodletting will serve as both a historical look at bloodletting and its wide range of indications in the modern clinic.

CHAPTER 3

Bloodletting in the *Huang Di Nei Jing*

The *Huang Di Nei Jing* (hereafter referred to as *Nei Jing* for short) is the seminal pre-modern text of Chinese medicine. Compiled during the Han Dynasty (206 BCE–220 CE), it consists of two books, the *Su Wen* (Plain Questions) and the *Ling Shu* (Divine Pivot). Of the two, the *Su Wen* focuses more on developing a framework of systematic correspondences between the natural world and the body using the images of the five phases and yin–yang theories while the *Ling Shu* is written more as a clinical text of channel theory, acupuncture techniques, and the application of acupuncture in treating a wide variety of diseases. To a lesser extent, the *Nei Jing* also contains passages that describe the therapeutic use of acupuncture-related therapies such as moxibustion and, as previously mentioned, bloodletting.

Interestingly, a close reading of changing terms in the *Nei Jing* sheds light on the development of channel theory. This change in terms hints that acupuncture and contemporary channel theory grew out of an earlier medical model focused on vessels and bloodletting, which in the earliest Chinese medical writings was an essential

focus (Epler 1980). In the oldest extant Chinese medical texts, the aforementioned Ma Wang Dui medical manuscripts, the pathways now known as acupuncture channels are referred to by the term *mai* 脈, meaning "vessels," and not *jing* 經, the term associated with "channels" in modern times. The word *mai* more closely refers to what today would be considered structures of the actual vascular system of the body; the radical of the Chinese character *mai* 脈 means "flesh" (肉) and implies these vessels would have been tangible anatomical entities. The term *jing* 經, in contrast, is written with the radical referring to a net or string-like connections (糸). The inherent meaning of the *jing* character is less physical and more intangible, as is the general nature of the channel system in contrast to the physical blood vessels. By the time of the *Nei Jing*'s compilation, both the terms *mai* and *jing* were in use, and both terms appear in different chapters of the text.

This change in terms, from using *mai* in earlier writing to the use of *jing* in the *Nei Jing*, marks a significant conceptual shift relating to bloodletting and acupuncture. In the Ma Wang Dui medical manuscripts, the sole therapies that influenced the blood vessels were moxibustion and lancing; there is no mention of fine needle acupuncture therapy. By the time of the *Nei Jing* the development of a channel system associated with the

movement of qi marked a change of therapeutic focus. While in earlier times clinicians opened the body (as in bloodletting) to simply remove malign influences, *Nei Jing* therapy centers on diseases of repletion or vacuity of qi, with qi now being the dominant physiological substance in the body. Consequently acupuncture becomes paramount over bloodletting since acupuncture, rather than bloodletting, harmonizes vacuity and repletion of qi.

The *Nei Jing* is thus a collection of treatises from various periods, with those referring to *mai* and bloodletting therapy being older, and those referring to *jing* and acupuncture being more recent (Epler 1980; Unschuld 2003). Explicit references to bloodletting therapy are amply represented in much of the *Nei Jing*; 20 chapters of the *Su Wen*, and 26 chapters of the *Ling Shu* refer to it specifically and many others refer to therapies that may be indirect references to bloodletting (Zhang, Chen, and Guo 2012). Even *Nei Jing* descriptions of acupuncture needle manipulations show a close relationship to bloodletting and its therapeutic functions of removing evil pathogens from the body. For example, the emphasis on opening or closing the hole on needle withdrawal to control retention or loss of qi despite its immaterial and invisible nature, is a clear reference to opening the surface of the body to let blood and is most likely derived from bloodletting therapy (Epler 1980).

In the *Nei Jing*, bloodletting is applied most commonly to general areas of the body, visible blood vessels, or the channels, and less often to specific acupuncture points. The most common area referenced for bloodletting is the popliteal fossa, followed by the lateral and medial malleoli. There is little reference to bloodletting the upper extremities (Epler 1980). The indications for bloodletting are wide and include specific diseases as well as general types of patients, such as patients with chronic disease (see below for specific indications).

Nei Jing Treatment Principles Related to Bloodletting

Most Chinese medical treatment principles are either extracted or extrapolated from passages in classical texts, most notably the *Nei Jing Su Wen* and *Ling Shu*. While contemporary texts quote liberally from the *Nei Jing* to justify needling methods, there is less exposition of treatment principles related to bloodletting. This is, of course, contrary to the fact that bloodletting is mentioned frequently in treatment principles found in the *Nei Jing*. Here is a brief representation of passages that relate to bloodletting (there are of course many others), and my commentary on their significance to bloodletting. These passages are based on several sources, both in Chinese and English (Lu n.d.a, n.d.b; Nghi, Dzung, and Nguyen

2005; Unschuld and Tessenow 2011; Wu and Wu 1999).

1. "Use bloodletting to treat blood repletion" 血實宜決之—*Su Wen*, Chapter 5 (*Yin Yang Ying Xiang Da Lun*).

   "Prick the construction to let blood" 刺營者出血—*Ling Shu*, Chapter 6 (*Shou Yao Gang Rou*).

   These are basic passages that define what bloodletting can treat and at what level it can be applied. One of the most important actions associated with bloodletting is quickening the blood to expel stasis, as blood stasis is a form of repletion of the blood. A second form of blood repletion is blood heat. The association of blood with construction-ying illustrates the close relationship between qi and blood. Furthermore it explains why bloodletting can rectify qi as well as blood.

2. "Treat people in the East with stone needles" 東方治宜砭石—*Su Wen*, Chapter 12 (*Yi Fa Fang Yi Lun*).

   The *Yi Fa Fang Yi Lun* (Discourse on Different Treatments Suitable for Use in Different Regions, *Su Wen*, Chapter 12) discusses five treatment methods that correspond to the five regions of China. Here, stone needles (*bian* 砭) refers to the

techniques of both bloodletting and opening pustulating sores or abscesses. This chapter explains that people who live in the East of China have diets rich in salt and fish. Over-consumption of fish causes heat evils to accumulate in the middle jiao, and over-consumption of salt is described as damaging the blood. Thus, people in the East are treated with bloodletting to clear repletion heat. Furthermore, because of this repletion heat these people develop sores that should be opened with stone needles.

3. "Chronic blood clots should be expelled" 宛陳則除之—*Ling Shu*, Chapter 1 (*Jiu Zhen Shi Er Yuan*).

   "Decayed blood that has been accumulated should be treated by bloodletting to remove blood clots slowly" 菀陳則除之者, 出惡血也—*Su Wen*, Chapter 54 (*Zhen Jie*).

   These passages draw attention to the idea that chronic stasis of the blood needs to be expelled, and that this is accomplished by bloodletting. Chinese medicine believes that chronic disease will eventually engender blood stasis. Thus, to treat chronic disease, blood should be quickened and stasis expelled.

4. "For light diseases treat shallowly, for severe diseases treat deeply" 病間者淺之，甚者深之—*Ling Shu*, Chapter 59 (*Wei Qi Shi Chang*).

   Chronic or severe diseases stagnate the blood, and do so at the level of the deep network vessels. Stasis can be expelled by bloodletting, and while this particular passage does not specifically mention bloodletting, it can be implied that severe or chronic diseases that involve stasis at the level of the deep network vessels can and should be treated by bloodletting.

5. "When blood vessels are diseased, regulate the blood" 病在脈，調之血—*Su Wen*, Chapter 62 (Tiao Jing Lun).

   "When blood is diseased, regulate the network vessels" 病在血，調之絡—*Su Wen*, Chapter 62 (*Tiao Jing Lun*).

   Blood is related to both the blood vessels and the network vessels (*luo mai* 絡脈). The primary method of rectifying blood, in addition to acupuncture and herbs, is bloodletting. Bloodletting can thus be used to treat diseases of the blood vessels, an idea further discussed in the *Guan Zhen* (Needles in Formal Use, *Ling Shu*, Chapter 7; see below for more information). Since bloodletting is

done at the network vessels, it can also treat pathologies of the blood in general, including for example blood stasis and blood heat.

6. "If knotting occurs in the network vessels this is disharmony of the blood, sedate to rid the clots and restore movement" 其結絡之，脈結血不和，決之乃行—*Ling Shu*, Chapter 64 (*Yin Yang Er Shi Wu Ren*).

   According to Wiseman, "knot" or "bind" (*jie* 結) implies something has become stiff, tight or hard. In this case there is a local accumulation of a disease evil of sorts, such as accumulation of static phlegm or blood. Here, the *Ling Shu* describes binding or knotting in the network vessels, meaning blood stasis. To treat this one needs to sedate and remove the clots, which is accomplished by bloodletting.

7. "When a person lives a leisurely life and is happy, disease arises in the flesh; treat with needle stones" 形樂志樂，病生於肉，治之以針石—*Su Wen*, Chapter 24 (*Xue Qi Xing Zhi*).

   This statement needs to be understood in the context of the rest of the *Xue Qi Xing Zhi* (Blood and Qi, Physical Form and Mind, *Su Wen*, Chapter 24). Another line in this same chapter says that when a person lives a life of leisure but suffers

emotionally, disease attacks the channels and needs to be treated with acupuncture and moxibustion. Chinese medicine believes that internal damage by the seven affects (emotional suffering) particularly disturbs the Liver's governing of free coursing. Thus, qi easily becomes stagnant, and then, as a result, other diseases arise (Wiseman and Ellis 1996). Thus, as the original pattern of disharmony is Liver depression (qi stagnation in the channels), acupuncture and moxibustion are the effective treatment since they are best at rectifying qi. When people lead a life of leisure (e.g., they have enough food and do not want materially), and they are emotionally happy, they are less prone to internal damage by the seven affects. Thus, diseases that arise may be due to a life of excess, such as accumulation of dampness and phlegm from dietary irregularities, or blood stasis patterns from inactivity combined with indulgence in rich foods. Such diseases manifest as repletion pathogens of a material basis (at the level of the flesh), and as such should be drained by bloodletting.

8. "One may let blood and qi from the Yang Ming 刺陽明, 出血氣; one may let blood without damaging qi on the Tai Yang 刺太陽, 出血惡氣; one may let blood without damaging qi on the Jue Yin 刺厥陰,

出血惡氣”—*Su Wen*, Chapter 24 (*Xue Qi Xing Zhi*).

There are differences in the distribution of qi and blood in the various channels based on their six-stage designations. The Yang Ming is replete with both qi and blood, and the Tai Yang and Jue Yin channels are replete more with blood than qi. Thus, it is relatively safe to let blood from vessels associated with these channels, without worry of damaging qi or blood. Zhang Zi He, the founder of the Jin-Yuan Period school of Attacking and Purging (*Gong Xia Pai* 攻下派) also pointed out that since the Tai Yang and Yang Ming are full of blood, they are the channels most appropriate for bloodletting therapy (Chen *et al*. 2012).

Common areas to bleed include, for example, the popliteal fossa, which, as previously mentioned, is the most frequently cited area for bloodletting in the *Nei Jing*. This area is of course located on the Foot Tai Yang. In Tung's acupuncture, the posterior trunk is one of the most commonly bled areas and all points on the posterior trunk, with few exceptions, are only bled and not needled. This use of bloodletting thus satisfies the rules in this passage.

9. “When the shen-spirit is in a state of surplus, then

drain blood from the small luo-network [vessels]" 神有餘，則寫其小絡之血—*Su Wen*, Chapter 62 (*Tiao Jing Lun*).

Previously in the same chapter of the *Su Wen* it is said that when shen-spirit is in a state of surplus there is incessant laughing and when in a state of insufficiency sadness. For surplus the treatment is bleeding the network vessels. This is describing the Chinese medical disease of mania and withdrawal, showing that there is a close relationship between bloodletting, the shen-spirit and the Heart zang (see below in description of needling in the seventh chapter of the *Ling Shu*).

Bloodletting in the *Guan Zhen* 官針

The *Guan Zhen* (Needles in Formal Use, *Ling Shu*, Chapter 7) is the *locus classicus* of many classical acupuncture techniques still used in modern clinical practice. It is in this chapter, as well as in the *Jiu Zhen Shi Er Yuan* (Nine Needles and Twelve Origins, *Ling Shu*, Chapter 1), that the Nine Needles are introduced and their manipulations described. In terms of the general writing of the chapter, it is not specifically written in the format of question and answer between Qi Bo and Huang Di as is most of the *Nei Jing*, but, according to Ma Yuan Tai,[1] the style of the chapter is consistent with a

discussion given by Qi Bo.

Bloodletting makes several appearances in the *Guan Zhen*. First is in the general description of the lance needle (*feng zhen* 鋒針), which is the predecessor of the modern bloodletting needle, the three-edged needle (*san leng zhen* 三棱針). This chapter explains that the lance needle is used to bleed the *luo* vessels and is used to treat deep-lying disease, for example disease that has entered into the five zang. Later in the chapter, 12 needle methods based on the 12 channels are listed. The twelfth method, *zan ci* (贊刺), is when needling purposefully elicits bleeding; even though the use of the lance needle is not specified, it is implied. This method is indicated in the text for treating inflammation and welling-abscesses (*yong* 癰).

After the discussion of the Nine Needles, their methods, and the 12 methods by channel, there is a description in the characteristic style of systematic correspondences of needling methods for the five phases, and thus, by extension, the five zang-viscera and five tissues. *Bao wen ci* (豹文刺), leopard spot pricking, is described as needling the superficial jing luo, visible as spider nevi, to create bleeding that looks like spots on the surface of the skin. This method is a way of treating the blood vessels and is thus related to the fire phase and treat the Heart zang.

> The second is called the leopard spot pricking. Leopard's spots pricking uses needles to the left and right, front and back to let blood. This affects the center of the vessels, and is used to treat the blood of the channels. It is in resonance with the Heart. 二曰豹文刺, 豹文刺者, 左右前後針之, 中脈為故, 以取經絡之血者, 此心之應也. *Guan Zhen* (Needles in Formal Use, *Ling Shu*, Chapter 7)

To summarize, in this key chapter of the *Ling Shu* we see bloodletting indicated for chronic or deep-seated disease, diseases of inflammation, welling-abscesses, and diseases of the Heart zang or blood vessels.

Bloodletting in the *Xue Luo Lun* 血絡論

The *Xue Luo Lun* (Treatise on the Blood Networks, *Ling Shu*, Chapter 39) gives a detailed look at the pathology of the blood network vessels as well as an overview of the diagnostic significance of patient response to bloodletting therapy. As such, it is an interesting chapter that is certainly useful in the modern clinic.

To begin, the chapter discusses that disease evils, when they do not lodge in the primary channels, stagnate in the blood luo-network vessels. Similarly, the *Miu Ci Lun* (Treatise on Misleading Pricking, *Su Wen*, Chapter 63) says that when disease evils do not enter the primary

channels they lodge in the luo-network vessels. Furthermore, the *Miu Ci Lun* states that when this happens it provokes strange or unusual diseases (*qi bing* 奇病), further corroborating the link between blood stasis and chronic diseases. The treatment for these conditions is not surprisingly, bloodletting.

The next sections of the *Xue Luo Lun* discuss patient response to bloodletting. First, if a person faints after bloodletting this means that while qi is abundant blood was vacuous. When there is an abundance of both qi and blood, bloodletting may lead to a forceful splashing out. If yang qi is stagnant (e.g., if there is internal cold), then the color of blood after bloodletting will be black and its consistency turbid. Pallor following bleeding means that there was a disharmony between the yin-interior and yang-exterior in the patient. When there is swelling that forms after bloodletting (i.e., there is a hematoma that appears quickly following the bleeding technique), there is an accumulation of internal yin-dampness in the patient. When there is repletion of both yin and yang, even when the therapist removes a large quantity of blood, the patient will be without adverse event.

Indications for Bloodletting in the *Nei Jing*

As already mentioned, many chapters of the *Nei Jing Su Wen* and *Ling Shu* refer directly to bloodletting or filiform

needling methods that purposely let blood. Below is a list organized by specific indications along with chapter references, my commentary, and translations of the relevant passages. This is by no means an exhaustive list but rather a sampling of the wide range of indications for bloodletting (Lu n.d.b; Wang 1998; Wu and Wu 1999).

1. Dental Caries

The *Miu Ci Lun* (Treatise on Misleading Pricking, *Su Wen*, Chapter 63) says, "For dental caries prick the hand Yang Ming. If this does not work, prick the vessel above the damaged teeth [to let blood] and it will be cured." For example, in contemporary texts, points such as Shang Yang (LI-1) and Er Jian (LI-2) are indicated for diseases of the teeth. These points may be bled to treat these indications.

2. Epistaxis

Za Bing (Miscellaneous Diseases, *Ling Shu*, Chapter 26) says, "When a nosebleed does not stop flowing, treat the foot Tai Yang. To clot blood, treat the hand Tai Yang. If it does not stop, needle Wan Gu (SI-4). If this still does not stop the bleeding, prick Wei Zhong (Bl-40) until it bleeds."

3. Impediment (Bi 痹)

As previously mentioned, the *Guan Zhen* (Needles in

Formal Use, *Ling Shu*, Chapter 7) indicates bloodletting for the treatment of chronic impediment. This chapter, and *Jiu Zhen Shi Er Yuan* (Nine Needle and Twelve Origins, *Ling Shu*, Chapter 1) can also be read to infer that bloodletting indeed treats all chronic disease.

Shou Yao Gang Rou (Longevity, Early Death, Robustness, and Tenderness, *Ling Shu*, Chapter 6) gives a general description of length of treatment based on the length of time a disease has been present. It begins by stating that a disease of nine-days duration requires three treatments. A disease of longer duration requires more treatments, and the most chronic conditions require bloodletting. Specifically, it says, "In long-term impediment, inspect the superficial blood vessels and treat by letting blood."

4. Headache

Jue Bing (Jue Disease, *Ling Shu*, Chapter 24) says, "For Jue headache when the head's vessels are in pain, the heart is sad, the patient cries, the head trembles and the stirring pulses (*dong mai* 動脈) are full, prick to let blood then regulate (*tiao* 調) the foot Jue Yin." This is a case of Liver repletion causing headache. Zhang Shi[2] explains this to mean bleeding vessels on the head locally, and then needling points on the foot Jue Yin Liver channel (Nghi, Dzung, and Nguyen 2005). For example, many points on

the Jue Yin Liver channel are indicated for headache such as Tai Chong (LIV-3).

The same chapter continues, "For Jue headache when the patient sighs and is forgetful, and the pain undetectable by pressure, treat the stirring pulses on the right and left of the head, followed by the foot Tai Yin." In this case Zhang Shi says that since the Spleen governs reflection (*yi* 意), there is forgetfulness when headache is associated with the foot Tai Yin channel. He advises bloodletting locally on the head and then needling the Tai Yin Spleen channel (Nghi, Dzung, and Nguyen 2005). For example, distal Spleen channel points such as Tai Bai (SP-3) and Gong Sun (SP-4) are indicated for headache (O'Connor and Bensky 1993; Tsay 1997).

Finally, *Jue Bing* (Jue Disease, *Ling Shu*, Chapter 24) states, "For Jue headache when the patient has acute pain and the vessels anterior and posterior to the ears are hot, drain by letting blood, then treat the foot Shao Yang." In this case the acute pain results from upstirring of ministerial Fire, which is governed by the Shao Yang. According to Zhang Shi, treatment consists of bleeding the vessels anterior and posterior to the ear, and then needling the foot Shao Yang at points such as Zu Lin Qi (GB-41) (Nghi, Dzung, and Nguyen 2005).

5. Heart Disease

As previously mentioned, the *Guan Zhen* (Needles in Formal Use, *Ling Shu*, Chapter 7) discusses bloodletting in the form of "leopard spot pricking" as a general method of treating the Heart zang. *Re Bing* (Heat Diseases, *Ling Shu*, Chapter 23) says, "For heart mounting sudden pain prick the foot Tai Yin and Jue Yin and let the blood network vessels." According to Zhang Shi, the blood network vessels that are implied in this passage are located distally along these channels on the feet (Nghi, Dzung, and Nguyen 2005).

6. Kidney Disease

According to *Wu Xie* (Five Evils, *Ling Shu*, Chapter 20), "Evil in the Kidney causes disease. There is pain in the bones and yin impediment. In yin impediment, pressing cannot localize the pain, there is abdominal swelling, lumbar pain, difficult bowel movements, pain and stiffness in the shoulders, and periodic dizziness. Treat Yong Quan (KD-1) and Kun Lun (BL-60). If there are visible spider nevi prick them to bleed." While not specified by the source text, the spider nevi to be pricked may be located distally along the channels or locally to the site of disease.

7. Liver and Gallbladder Disease

Si Shi Qi (Qi of the Four Seasons, *Ling Shu*, Chapter 19) says, "When there is vomiting and in the vomit bitterness

(bile), and the breaths are long, the Heart center is shaking and shaking, and the person is fearful of being arrested, the evil is in the Gallbladder. There is counterflow in the Stomach. The Gallbladder overflows and there is a bitter taste in the mouth. The Stomach qi counterflows and causes vomiting, and there will be bile. Treat [Zu] San Li (ST-36) to descend Stomach qi counterflowing. Prick the Shao Yang blood network vessels to block Gallbladder counterflow. Regulate vacuity and repletion to expel evil."

According to *Wu Xie* (Five Evils, *Ling Shu*, Chapter 20), "For evil in the Liver, there is dual pain in the center and ribside, cold in the center [i.e., middle jiao], and diseased blood is inside. There is pain of the joints and foot swelling when walking. Prick Xing Jian (LIV-2) to lower qi from the ribside, supplement [Zu] San Li (ST-36) to warm the Stomach and center. Prick the blood network vessels to disperse evil blood." While the source text does not mention which blood vessels should be bloodlet, Ma Shi suggests bloodletting at the visible spider nevi along the foot Jue Yin channel (Nghi, Dzung, and Nguyen 2005).

8. Loss of Voice (Dysphonia)

Han Re Bing (Cold and Heat Diseases, *Ling Shu*, Chapter 21) states, "When there is sudden loss of voice and blocked qi, needle Fu Tu (LI-18) and let blood from the

root of the tongue." *You Hui Wu Yan* (Loss of Voice Caused by Worry and Anger, *Ling Shu*, Chapter 69) says, "Huang Di asked: What pricking can treat [loss of voice]? Qi Bo answered: Treat the leg Shao Yin, which ascends to the tongue… Doubly drain the blood vessels to remove turbid qi." Jin Jin and Yu Ye (M-HN-20) are points that, according to both contemporary and classical texts, are bled to treat dysphonia.

9. Lumbar Pain

Za Bing (Miscellaneous Diseases, *Ling Shu*, Chapter 26) says that bloodletting at Wei Zhong (BL-40) is indicated for lumbar pain, as is the case with modern acupuncture texts. *Ci Yao Tong* (Pricking for Lumbar Pain, *Su Wen*, Chapter 41), a chapter dedicated specifically to treatment of lumbar pain, lists multiple indications and contraindications associated with bloodletting for lumbar pain during different seasons:

- "Foot Tai Yang vessel back pain—heavy sensation on neck, spine, buttocks and back; bleed the cleft[3] right on the Tai Yang primary channel, but do not bleed in spring."
- "[Foot] Shao Yang vessel back pain—feels like skin being pricked by needle, patient cannot face up or down and cannot look around; bleed the end of the

Shao Yang bone,[4] but do not bleed in summer."

- "[Foot] Yang Ming vessel back pain—so painful patient cannot look backwards and they are sorrow stricken; bleed three marks in front of the knee cap on the Yang Ming,[5] do not bleed in autumn."
- "Foot Shao Yin back pain—pain pulls at the inner spine; bleed two marks above the inner malleolus on the Shao Yin;[6] do not bleed in spring, too much bleeding will cause blood weakness."
- "[Foot] Jue Yin back pain—severe pain and tightness like a bowstring when drawn; needle the vessel of the Jue Yin outside the calf and above the heel, in the area where tiny hard spots like pearls are felt."[7]
- "Separator vessel (*jie mai* 解脈)[8] back pain—chest pain, dim eyesight, urinary incontinence; prick the separator vessel located at the outer edge of the cleft at the back of knee tendons;[9] prick the dark vessels until the blood changes color [runs red]."

The above are some treatment examples from the chapter, although there are other recommendations given. Notice also this chapter discusses the idea that when bloodletting, the appropriate "dosage" of treatment is taking blood until the color turns from dark (stagnant and unhealthy blood) to light (healthy blood).

10. Lung Disease

Ci Re (Pricking for Heat, *Su Wen*, Chapter 32) says, "For patients with Lung heat…prick the hand Tai Yin and Yang Ming to let blood the size of a large bean. The disease is thus cured." While the location for bloodletting is not specifically mentioned here, points such as the jing-well point and luo-network point of the hand Tai Yin, and the jing-well point of the hand Yang Ming are indicated for diseases related to Lung heat patterns.

11. Mania and Withdrawal (Dian Kuang 癲狂)

Dian Kuang (Mania and Withdrawal, *Ling Shu*, Chapter 22) describes the theory and treatment of mania and withdrawal. It says, "At the onset of mania, first there is sadness, joy forgotten. Then there is bitter anger, the person is easily frightened, and grief and wasting away. Treat the hand Tai Yin and Yang Ming. Use bloodletting and stop when the blood changes color. Then treat the leg Tai Yin and Yang Ming." As mentioned above, the *Tiao Jing Lun* (Treatise on Regulating the Channels, *Su Wen*, Chapter 62) says, "When there is surplus of spirit, the person will laugh uncontrollably… Prick the small network vessels to let blood."

12. Replete Diseases

Jin Fu (Prohibition and Submission, *Ling Shu*, Chapter

48) generally suggests that bloodletting is appropriate for diseases of repletion. It says, “Regulate vacuity and repletion and vacuity and repletion will end. Drain the blood network vessels; when the blood is exhausted the danger will be over.” Certainly, most traditions of Asian medicine, including Chinese, Tibetan, and Mongolian medicine, see bloodletting as a therapy most appropriate for repletion patterns (Kim *et al.* 2011; Zhao, Wu, and Zhao 2012).

More specifically, *Ci Jie Zhen Xie* (Types of Needling, Upright and Evil, *Ling Shu*, Chapter 75) says that bloodletting is used to treat diseases of repletion heat: “When there is great heat over the entire body and mania causing the patient to see, hear and speak abnormally, inspect the foot Yang Ming and great network vessel. For vacuity supplement and for static blood drain [by bloodletting].” In modern acupuncture texts, Feng Long (ST-40), the luo-network point of the foot Yang Ming, can be bloodlet to treat repletion heat diseases such as mania and withdrawal, or epilepsy.

13. Tetany (Jing 痉)

Wei Zhong (BL-40) is indicated for pain and stiffness especially along the spine and back. It is also indicated for wind stroke that can result in tonic contracture. *Re Bing* (Heat Diseases, *Ling Shu*, Chapter 23) says, “For wind

tetany patients, first prick the foot Tai Yang at Wei Zhong (BL-40); prick the network vessels until they bleed."

14. Diseases of the Throat and Mouth

Miu Ci Lun (Treatise on Misleading Pricking, *Su Wen*, Chapter 63) says, "When the throat becomes so swollen the patient cannot swallow, and the patient cannot spit out the saliva, prick in front of Ran Gu (KD-2) to let blood. For the right treat the left and for the left treat the right." *Zhong Shi* (Beginnings and Ends, *Ling Shu*, Chapter 9) tells readers, "To treat double tongue [*chong she* 重舌, swollen blood vessels on the underside of the tongue], insert a sword shaped needle into the tendon below the tongue to let bad blood."

15. Traumatic Injury

Traumatic injury causes blood stasis, and bloodletting effectively quickens blood, as will be described in more detail in a later section of this book. *Miu Ci Lun* (Treatise on Misleading Pricking, *Su Wen*, Chapter 63) says, "When one is injured and there is stagnated blood internally, it causes abdominal pain, constipation and urinary retention; first drink medicinal herbs; in the upper the Jue Yin vessel is injured and in the lower the Shao Yin network vessel is injured, prick to bleed in front of Ran Gu (KD-2) below the medial malleolus; prick the moving vessel on the

dorsum of the foot [at Chong Yang ST-42]; if ineffective prick once above three hairs [at Da Dun LIV-1], prick the left for the right and the right for the left."

16. Disease of the Lower Abdomen

Si Shi Qi (Qi of the Four Seasons, *Ling Shu*, Chapter 19) says, "Pain and swelling in the lower abdomen and inability to pass urine is due to evil in the San Jiao; treat with the Tai Yang great network. Also treat by needling the visible network vessels along the bladder channel and the knotted network vessels on the Jue Yin." Zhang Shi explains here that this passage means to bloodlet the vessels near Wei Yang (BL-39) at the popliteal fossa (Nghi, Dzung, and Nguyen 2005).

Bloodletting Contraindications in the *Nei Jing*

Whenever there are indications for a particular therapy there must also be contraindications. The *Nei Jing* is very specific about contraindications to different therapies based on the conditions and needs of the individual patient, as well as the protocols appropriate for different diseases. A good example of very specific bloodletting contraindications is found in *Ci Yao Tong* (Pricking for Lumbar Pain, *Su Wen*, Chapter 41), where, as mentioned above, in certain seasons bloodletting should not be allowed when treating lumbar pain. Other chapters list yet

more contraindications specific to bloodletting.

Since bloodletting is a draining technique, one must be careful in its application when the patient is particularly vacuous. The Tang Dynasty *Nei Jing* commentator Ma Yuan Tai admonishes in the *Jing Mai* (Channels and Vessels, *Ling Shu*, Chapter 10) that bloodletting is contraindicated for vacuity patterns (although in later chapters of this book we will see that this is not an absolute contraindication). *Wu Jin* (Five Contraindications, *Ling Shu*, Chapter 61) lists five types of depletions. These include wasting of the bodily form, massive hemorrhage, copious diarrhea, profuse sweating, and post-partum blood loss. In general, bloodletting is contraindicated or should be used with extreme caution in these conditions.

The *Ci Jin Lun* (Treatise on Prohibitions in Pricking, *Su Wen*, Chapter 52) mentions other cautions in bloodletting. If one pricks the large artery on the foot dorsum, it may not stop bleeding and death will result. Improperly pricking the large vessels under the tongue may lead to unstoppable bleeding and will damage speaking. When the collaterals under the foot are damaged by bloodletting, swelling results. Pricking the large vessel at Wei Zhong (BL-40) too deeply will cause fainting and pallor. Improper pricking of Qi Chong (ST-30) will not allow blood to exit and swelling results. When pricking

the large blood vessels on the inner thigh, there may be continuous bleeding and death. Improper pricking of the hand Tai Yin at Tian Fu (LU-3) will cause copious blood loss and death. Most of these prohibitions caution against damaging the blood vessels, which may then lead to swelling and pain from hematoma, or uncontrolled bleeding.

CHAPTER 4

Essential Chinese Medical Theory Related to Bloodletting

As with all aspects of Chinese medical treatment, a detailed understanding is predicated on mastery of basic theory, and thus, before discussing the functions and indications for bloodletting, it is important to review some basic concepts in Chinese medicine. Since bloodletting deals primarily with blood, we must first review the formation, function, and pathologies related to it. Second, we need to examine the structures of the body that are actually bled; as discussed above, the *Su Wen* instructs us to treat blood by regulating the network vessels. Thus, a review of the network vessels can further illustrate how and why bloodletting is applied.

Blood in Chinese Medicine

Along with qi, fluids, and *jing*, blood is one of the main physiological substances Chinese medicine discusses. However, it is important not to conflate the Chinese medical and modern biomedical understandings of what blood is. For example, in Chinese medicine blood is said

to flow in both the blood vessels as well as in the channels, and, of course, this is not the case in Western medicine. Likewise, a patient with a Chinese medical blood vacuity pattern may not be anemic, and vice versa. According to *Jue Qi* (Fundamentals of Qi, *Ling Shu*, Chapter 30), blood formation begins in the middle jiao with the Spleen extracting, by its power of movement and transformation, the finest material components of food and drink that enter the stomach. This base material is then sent to the upper jiao where it mixes with fluids and *jing*-essence in the Heart to form blood. Blood then circulates through the body along with construction qi. Because of this close relationship it is said that "blood is the mother of qi" and that "qi is the commander of blood," and sometimes blood is referred to by the compound term "construction-blood" (*ying xue* 營血).

The primary function of blood, like construction qi, is to nourish the body, including the viscera, bowels, tissues, and channels. When the body structures are nourished they can then function. According to the *Wu Zang Sheng Cheng Lun* (Treatise on the Birth and Growth of the Five Viscera, *Su Wen*, Chapter 10), "the Liver receives blood, so there is sight; the legs receive blood and thus are able to walk; the hands receive blood and so are able to grip; the fingers receive blood and are able to grasp." Since blood is a yin substance closely related to fluids and jing-

essence, it furthermore has the function of moistening the body (Wiseman and Ellis 1996).

Also, like qi, blood is related to and regulated by the viscera. Chinese medicine states that the Heart governs the blood, the Liver regulates and stores the blood, and the Spleen manages the blood (e.g., prevents blood extravasation). When there is an excess of blood in storage by the Liver, it is redirected back to the Kidney to undergo transformation into jing-essence. Since the Lungs govern qi (which in turn commands the blood), and the ancestral qi, which resides in the chest, aids in the circulation of qi and blood, there is a connection between Lungs and blood as well.

Blood Pathologies

There are three main pathologies associated with blood. First, as with all the other essential substances (qi, fluids and essence), there can be vacuity of blood (*xue xu* 血虚). Blood vacuity arises for several reasons; primarily, either loss of blood, as in hemorrhage, or failure of the body to produce blood leads to its vacuity. However, blood stasis can also lead to a vacuity pattern by interfering with the production of new blood. The main manifestations of blood vacuity are signs and symptoms of malnourishment, including pallor, dizziness, flowery vision (*mu hua* 目花), dry skin or hair, and a pulse that is fine and weak.

The other two blood pathologies are primarily ones of repletion, namely blood stasis (*xue yu* 血瘀) and blood heat (*xue re* 血熱). Blood stasis can refer to either a systemic impairment in blood circulation or a local accumulation of blood. A more detailed description of the etiology and pathogenesis of blood stasis will follow later. Blood heat arises when heat or heat toxins enter the blood, either from external contraction or internal engenderment of heat. The signs and symptoms of blood heat usually include bleeding as heat causes extravasation of blood, and visible maculopapular eruptions. Since bloodletting therapy is primarily a method of draining, the main functions of bloodletting relate to blood's repletion patterns, namely quickening the blood and transforming stasis (corresponding to blood stasis pattern), and clearing heat (corresponding to blood heat). These main functions and then the secondary functions of bloodletting will be described in the next section.

The Network Vessels (*Luo Mai* 絡脈)

The network vessels are the aspect of the channel system most closely related to blood and thus the actual structures directly treated by bloodletting therapy. The network vessels fill the interstices (*cou li* 腠理), the space between the skin and flesh, and then spread out over the entire body as the grandchild network vessels (*sun luo* 孫

絡). There are also deeper pathways of the network vessels that penetrate the interior. The network vessels have several functions, including balancing yin and yang channels in the limbs by connecting interior–exterior related channel pairs, nourishing the body by supplying blood, protecting the body during external attack, connecting the exterior and interior, connecting the right and left sides of the body (by networking between channels at the surface over the midline), and aiding in blood production (Maciocia 2006).

According to the *Jing Mai* (Channels and Vessels, *Ling Shu*, Chapter 10), network vessels are the visible vessels on the body (i.e., they can be seen as spider nevi and other visible vessels) while the primary channels are not visible. Furthermore, pathology can be determined by inspecting the vessels: blue vessels indicate cold and pain, red indicates Stomach heat, and black vessels, especially at the thenar eminence, indicates chronic impediment (*bi* 痹). This same seminal chapter describes that, unlike the primary channels, network vessels do not cross the large articulations of the body such as the knees, shoulders, elbows, or hips. The confined nature of the network vessels explains why they are prone to blood stasis. Interestingly, in some Chinese qigong systems the major articulations are thought to be common locations of qi stagnation and blood stasis, and are thus physically

stimulated or exercised to prevent systemic problems.

Ma Shi explains the *Jing Mai* (Channels and Vessels, *Ling Shu*, Chapter 10) implies that treatment of the network vessels consists of bloodletting visible vessels lying near the luo-network points (*luo xue* 絡穴) (Nghi, Dzung, and Nguyen 2005). The confinement of the network vessels to spaces between the large articulations explains why network points are mostly located between either the knees and ankles, or the elbows and wrists. This sheds light on why some of the most important points to bloodlet in certain acupuncture traditions, such as in Tung's lineage of acupuncture, are located between the knees and ankles, since they correspond to the locations of the network vessels and network points. Similarly it elucidates why the most commonly bloodlet area mentioned in the *Huang Di Nei Jing* is the popliteal fossa, a location at a major articulation. Quickening the blood at the major articulations would allow for movement of blood at the areas that act as the gates, so to speak, of the network vessels.

According to the *Jing Mai* (Channels and Vessels, *Ling Shu*, Chapter 10), each of the network vessels has a distinct trajectory, and specific symptomatology in both repletion and vacuity patterns (for symptomatology see Table 4.1). In addition, because the network vessels are prone to stasis, heat and phlegm may accumulate in the

areas of the interstices that are the network vessels. For example, *Bai Bing Shi Sheng* (The Beginning of the Hundred Diseases, *Ling Shu*, Chapter 66) describes that non-fixed masses can form in the grandchild network vessels. Non-fixed masses are related more to phlegm accumulation and less to blood stasis, which tends to create fixed and painful masses. Therefore it is clear in classical writing that phlegm also accumulates in the network vessels. When phlegm accumulates in network vessels it presents commonly as lumps, fibroids, other masses, or even numbness in different areas of the body. Heat can present as local erythema or hot type impediment (*bi* 痹).

Diseases characterized by stasis and accumulation usually take time to develop. Therefore in Chinese medicine we have sayings such as "old disease enters the network vessels" (*jiu bing ru luo* 久病入絡) and "chronic bi-impediment must enter the network vessels" (*jiu bi bi ru luo* 久痹必入絡). As chronic diseases and the network vessels are characterized by stasis and accumulation, the main treatment method is known as "freeing the network vessel method" (*tong luo fa* 通絡法) (Yi 1996). In Chinese herbal medicine this is done with acrid medicinals in appropriate combinations, but in acupuncture these conditions are treated by bloodletting.

Table 4.1 Luo Vessel Pathology from the *Ling Shu*

Luo-network vessel	***Replete presentation***	***Vacuous presentation***
Arm Tai Yin (LU)	Burning sensation in the palm and styloid process of radius	Yawning with mouth open, frequent urination
Arm Shao Yin (HT)	Inability of the diaphragm to support the weight (i.e., chest/abdomen oppression)	Loss of speech
Arm Jue Yin (PC)	Heart pain	Cervical stiffness
Arm Tai Yang (SI)	Loosening of the articulations and stiffness of the elbow	Warts (*you* 疣) and inter-digital eczema (*jia jie* 痂疥)
Arm Yang Ming (LI)	Dental pain, deafness	Cold in the teeth, diaphragm impediment (*ge bi* 膈痹)
Arm Shao Yang (SJ)	Spasm of the elbow	Loosening of the elbow with inability to bend the arm
Leg Tai Yang (BL)	Nasal discharge and congestion, headache, backache	Nasal discharge, nose bleeds
Leg Shao Yang (GB)	Cold feet	Weakness of the foot with an inability to stand up
Leg Yang Ming	Mania and withdrawal (*dian kuang* 癫狂)	Paralysis of the lower limbs and leg atrophy

(ST)		
Leg Tai Yin (SP)	Sharp abdominal pain	Abdominal bloating
Leg Shao Yin (KD)	Constipation and urinary retention	Low back pain
Leg Jue Yin (LIV)	Priapism	Genital itching

CHAPTER 5

Functions of Bloodletting

Because the production and circulation of blood is complex and involves many of the zang-viscera and various levels of the channel system, bloodletting therapy has a number of reliable actions on the body, both when applied in general and when applied to specific points or areas (Wang 1998). Conceptually, these can be divided into primary and secondary functions. Primary functions are the direct result of the intervention due to its mechanical effects on the body. Secondary functions are understood as the results of a primary function or functions. Again, since bloodletting is a method of draining (*xie fa* 瀉法), primary functions reflect the two main repletion pathologies related to blood—blood stasis and blood heat.

Primary Functions of Bloodletting

1. Quickens the Blood and Transforms Stasis (huo xue hua yu) 活血化瘀

This is an essential and primary function of bloodletting. When blood fails to move properly, stasis forms. The

physical act of creating a wound that bleeds on the surface of the body induces obvious movement of blood from that wound. When blood begins to move from that wound, local stasis is transformed. When bloodletting is done over areas of visible spider nevi, blood is quickened both locally as well as distally along the pathway of the luo-network vessels and primary channels (which both carry blood) to which the bled area pertains. Since the luo-network vessels and primary channels penetrate interiorly to the viscera and bowels, bloodletting on the surface can quicken blood internally in the viscera and bowels.

2. Clears Heat (xie re) 瀉熱

Bloodletting clears heat both locally to where it is applied as well as systemically. In injuries associated with localized heat and swelling, opening the surface of the body allows for the venting of heat evils. In *Re Bing* (Heat Diseases, *Ling Shu*, Chapter 23) bloodletting is mentioned several times as a treatment for diseases caused by internal heat. Bloodletting at certain specific points clears heat based on the dual inherent function of clearing heat coupled with the functions of the point pricked. For example, jing-well points are treated for conditions of repletion heat. When jing-well points are bled, their inherent function of clearing heat is accentuated by bloodletting's specific function of clearing heat as well.

The heat-clearing effect of bloodletting can furthermore be related to its function of quickening the blood and transforming stasis. In some cases heat can be the direct result of blood stasis. *Yong Ju* (Abscesses, *Ling Shu*, Chapter 81) states, "When ying-construction and Wei-defense stay in the channels for a long time, blood will stagnate and stop moving. Wei-defense qi thusly cannot penetrate and move due to the obstruction and starts producing heat." Compared to qi, blood is yin. Since yin represents being still and not moving, blood easily becomes static. Wei-defense qi is yang and wants to move because of its yang nature. When blood stagnates, so too can the Wei Yang, as the movement of qi and blood are intimately connected. Similarly, in the Tai Yang stage of cold damage (*shang han* 傷寒), stagnation of Wei Yang qi results in heat formation.

Secondary Functions of Bloodletting

1. Stops Pain (zhi tong) 止痛

There is a statement of fact in Chinese medicine that pain is a result of stagnation (*bu tong ze tong* 不通則痛), and that the treatment to stop pain is rectifying qi and blood to eliminate stagnation (*tong ze bu tong* 通則不痛). One of bloodletting's primary functions is quickening the blood. Qi and blood circulate together in the channels, and rectifying blood will also rectify qi. Bloodletting thus

eliminates both qi stagnation and blood stasis, and consequently stops pain.

2. Resolves Toxins (jie du) 解毒

The term "toxins" (*d u* 毒) has several meanings in Chinese medicine (Wiseman and Ye 1998). First, toxins can refer to any particularly virulent evil qi. As previously mentioned, bloodletting clears heat and also induces movement of stagnant qi, including Wei-defense qi, by quickening blood. This has the combined function of expelling external evils, especially external heat evils. When qi and blood move normally and in balance with each other, the body is better able to counter external evils; bloodletting can thus be seen to help not only in the resolution of toxins but also in the prevention of their reemergence.

Second, toxins refer to evil qi that causes painful reddening and swelling. Reddening and swelling indicate heat, while pain and swelling indicate stagnation; since bloodletting both clears heat and rectifies qi and blood, it can resolve this second type of toxins as well (Wang 1998).

3. Disperses Swellings (xiao zhong) 消腫

Swellings are enlargements due to accumulated blood, fluids, pus, or toxins. Directly opening the surface of the

body, or the surface of a swelling, with a three-edged needle allows fluids, blood, and pus to exit the body, which expels and resolves toxins. Hence, using the three-edged needle can disperse the causes of swelling (Wang 1998).

4. Disperses Concretions (xiao zheng) 消癥

A concretion is a type of abdominal mass typically located in the lower burner and associated with pain, distension and a definite shape. It is a result of qi obstruction gradually leading to accumulation of blood stasis, and is seen in many types of gynecological diseases. Because bloodletting quickens the blood and transforms stasis, it can help to disperse concretions as well as other types of masses. For example, in Tung's acupuncture, bloodletting is commonly indicated in the treatment of a variety of masses and cancers (Li 2011a; Maher n.d.).

5. Stops Itching (zhi yang) 止癢

Itching is caused by either wind or blood diseases. Wind-cold, wind-heat, and wind-dampness all can result in itching, and either blood heat or vacuity can likewise create itching. Wind conditions fetter the exterior, and blood vacuity means that the skin and exterior cannot be nourished. In blood stasis, blood does not circulate normally and consequently fails to nourish and moisten the

skin. In all these cases, qi cannot arrive at the surface and itching results. According to Wang Qing Ren (2007) in the *Yi Lin Gai Cuo* (Correcting the Errors in the Forest of Medicine), the treatment for this type of condition is the use of blood-quickening medicinals to free stasis and allow qi to move to the exterior. Because bloodletting quickens blood, and blood stasis can result in itching, bloodletting resolves itching.

When itching is caused by heat, especially heat in the blood, clearing heat by bloodletting is an applicable treatment to ameliorate symptoms and resolve the root pattern.

6. Settles and Tranquilizes (zhen jing) 鎮靜

In the *Guan Zhen* (Needles in Formal Use, *Ling Shu*, Chapter 7), one of the five needle methods listed is called *bao wen ci* 豹文刺, leopard spot pricking. This method is described as needling the superficial jing luo, visible as spider nevi, to create bleeding that looks like spots on the surface of the skin. Leopard spot pricking is a way of treating the blood vessels and is thus related to the Fire phase and the Heart zang. In Chinese medicine the Heart is said to house the shen-spirit. Bloodletting, by treating blood vessels, thus directly affects the Heart and can be used to settle the spirit (Wang 1998).

Heat, especially heat in the Yang Ming, is another cause

of irritability and agitation. For example, *Dian Kuang* (Mania and Withdrawal, *Ling Shu*, Chapter 22) recommends bloodletting the Yang Ming channel for treating mania. Blood stasis can likewise create mental confusion and possibly agitation as in senile dementia. According to line 237 of the *Shang Han Lun*, "when in a Yang Ming disease the person is forgetful, there will be blood amassment" (Zhang 1999, p.380). Later in the *Shang Han Lun*, a condition of heat entering the blood chamber is described (lines 143 through 145). This pattern is a combination of static blood and blood heat due to transformation of exterior pathogens to heat as they enter the uterus. A major symptom of this condition is a disquieted Heart-spirit that may lead to delirious speech. Again, since bloodletting both quickens blood and clears heat, it can treat mental disorders due to either or both of these patterns.

7. Opens the Orifices in Emergency Conditions (ji jiu kai qiao) 急救開竅

Evils such as blood stasis, heat toxins, or turbid phlegm-heat may block the orifices of the Heart leading to acute loss of consciousness. Examples can include traumatic injury leading to loss of consciousness due to development of static blood, or a high fever leading to acute loss of consciousness. In each of these cases, bloodletting to

expel stasis, clear heat, and resolve toxins can restore normal cognitive function by opening the orifices. Bloodletting at certain specific points accentuates this action. For example, jing-well points restore consciousness, partly because, in terms of the holographic correspondences framework (*Quan Xi Li Lun* 全息理論) inherent in acupuncture and the channel system, they represent the head or brain (McCann and Ross 2013). Thus, when there are evils blocking the orifices of the Heart and the brain (the seat of cognitive function and consciousness), bloodletting the jing-well points is especially effective at opening the orifices to restore consciousness.

8. Resolves the Exterior (jie biao) 解表

One of the functions of the luo-network vessels is to be a holding place for disease evils that penetrate the body. The *Pi Bu Lun* (Treatise on the Skin Sections, *Su Wen*, Chapter 56) says, "When the network [vessels] are abundant, then [disease evils] have entered the channels to settle there" (絡盛則入客於經). The main treatment for the network vessels in a state of repletion is bloodletting. Bloodletting is therefore able to expel exterior disease evils from the body. Furthermore, bloodletting, by virtue of its ability to quicken blood and transform stasis, can indirectly induce movement of Wei Yang that has become

stagnant and clear the resulting heat of that stagnation. This is why, for example, bloodletting at points such as Da Zhui (Du-14) can clear heat and resolve the exterior in cold damage patterns.

Modern Research on Bloodletting Functions

Modern research on bloodletting is limited in terms of both quantity and quality. That said, there is some research coming out of the Middle East on bloodletting therapy in the form of "wet cupping" (i.e., bloodletting augmented by cupping therapy). Wet cupping, known as *hijama*, has a long history of use in the Middle East, and the prophet Muhammad specifically mentioned it as an effective and important therapy. Unlike other forms of Western bloodletting therapy that let large amounts of healthy blood from veins, *hijama* is similar to Chinese medicine's approach to bloodletting in that only blood in a state of stasis or heat (i.e., diseased blood, not healthy blood) is let for a therapeutic purpose (El-Wakil 2011).

There have been many studies on wet cupping that show it is effective for a variety of painful conditions. For example, it is effective in treating low back pain. It also reduces the severity of trigeminal neuralgia pain, brachialgia, and carpal tunnel syndrome (Abdullah *et al.* 2011). One study in Egypt found that wet cupping combined with conventional therapy improved pain and

swelling in patients with rheumatoid arthritis. In the same study it was found that wet cupping had a positive immune modulating effect (Ahmed *et al.* 2005). In China, studies have shown that bloodletting, cupping and electro-acupuncture combined are effective for acute gouty arthritis (Zhao *et al.* 2009) and herpes zoster (Liu *et al.* 2009). However, in other studies employing only wet cupping, herpes zoster showed less improvement (Abdullah *et al.* 2011).

Studies have shown a beneficial effect on cardiovascular conditions. A small, randomized control study of 47 men showed wet cupping decreased LDL cholesterol levels and improved LDL/HDL ratio, although no significant changes in serum triglycerides (Niasari, Kosari, and Ahmadi 2007). This result, as has been noted by other authors, suggests bloodletting may have a preventive effect against atherosclerosis (Abdullah *et al.* 2011).

It is well recognized that loss of blood, even in spontaneous hemorrhage, has an antipyretic effect. This is probably one of the reasons why therapeutic phlebotomy became one of the most commonly used therapies in ancient times, even in the Western world. In the 1980s the scientist Norman Kasting examined the question of the mechanism of action of therapeutic bloodletting. Kasting noted that hemorrhage, either therapeutic or spontaneous,

causes the pituitary gland to release hormones that have immunological effects. One of these, arginine vasopressin (AVP), increases water absorption and constricts blood vessels. Kasting showed that AVP had the ability to reduce or prevent fever in animal subjects. Furthermore, AVP has other effects that may be important in helping the body fight infection (Kasting 1990). These observations may certainly help with a nascent scientific understanding of what is so readily observable in the clinic.

So, while bloodletting's exact mechanism of action is still an open question, there seems to be a developing body of research that may explain bloodletting's efficacy and enduring popularity as a therapy.

CHAPTER 6

Bloodletting Materials and Methods

Needles Used for Bloodletting

Three-Edged Needle (san leng zhen) 三棱針

The three-edged needle, sometimes called a prismatic needle, is the traditional tool and my preferred needle for bloodletting (Figure 6.1 and Figure 6.2). In classical times and in texts such as the *Nei Jing*, the three-edged needle was called the "lance needle" (*feng zhen* 鋒針). As the name suggests, the tip of the needle is shaped like a steep trilateral pyramid. Needles can vary in size, but a typical size that is readily available in disposable form is 2.6mm × 65mm. The utility of the three-edged needle for bloodletting is based not on the length of the needle (and thus the depth of the puncture), but rather the width of the tip. Because of the wide tip of the needle, it easily creates bleeding and is appropriate for use on any area of the body. Since the needle is wide, however, caution must be used when piercing areas of very thin skin.

The basic hand technique for using the three-edged needle is easy to master. First, the needle is held with the hand supinated so that just the tip of the needle protrudes past the middle finger (see Figure 6.3). The needle is then

placed with the tip just above the area that will be punctured. The hand is then quickly pronated so that the needle is at approximately a 90-degree angle to the surface of the patient's body, allowing the tip of the needle to puncture the point to an appropriate depth to cause bleeding. After puncturing, the needle is pulled away from the patient's body. Caution must be taken so that the needle simply punctures one point rather than cutting in a line along the surface of the skin.

Figure 6.1 Traditional Three-Edged Needles

Figure 6.2 Modern Disposable Three-Edged Needle

Figure 6.3 Holding a Three-Edged Needle

Lancet (cai xue zhen) 采血針

The lancet (Figure 6.4) is a small needle in a plastic mounting used to prick the skin for bloodletting. It is commonly used along with a spring-loaded holder to facilitate glucose testing for diabetics or other similar patients. The needle body itself is very thin, between 21 and 28 gauge (0.495–0.165mm). Because of the very thin diameter, lancets are appropriate for bloodletting shallow points such as jing-well points, but are ineffective for drawing blood from points on the trunk unless also used

with cupping.

As an alternative to using a spring-loaded holder, the lancet may be used by hand. If this is the case, the hand technique for using this needle is the same as for using the three-edged needle (see Figure 6.2).

Figure 6.4 Modern Lancet

Seven Star Needle (Qi Xing Zhen) 七星針

The seven star needle, also known as a cutaneous or plum blossom needle (*mei hua zhen* 梅花針), is used to

stimulate the skin, sometimes causing bleeding but sometimes not. The needle is composed of between five and seven short needles mounted on a round head and then attached to a flexible handle in the shape of a hammer. Traditionally, plum blossom needles were fashioned by binding sewing needles to a thin bamboo handle (O'Connor and Bensky 1993). The needles are then tapped along areas of the body so that all tips hit at once, creating a mild, superficial stimulation; prolonged or stronger tapping will create slight diffuse bleeding in a pattern similar to the classical leopard spot technique.

Figure 6.5 Seven Star Needle

Other Needles for Bloodletting

The three needles listed above are the most commonly used for bloodletting in modern Chinese medicine. In ancient times, larger needles were used, such as the sword-shaped needle (*pi zhen* 鈹針), one of the nine ancient needles described in the *Ling Shu*.

This "needle" is more like a modern scalpel than an actual needle. In the Western world, similar large medical devices were used for bloodletting, especially venisection. One such Western medical tool for bloodletting was the fleam (Figure 6.6). In modern times scalpels can be used (based on a provider's scope of practice) for opening and draining carbuncles or abscesses, but are rarely used for bloodletting as applied in Chinese medicine.

When traditional three-edged needles are not available for bloodletting, hypodermic needles may be used instead. Hypodermic needles have the benefit of being extremely sharp. Typically, about a 14-gauge hypodermic needle is recommended for bloodletting the trunk or points on the arms and legs, although thinner gauges may be used for jing-well points. Since hypodermic needles are very sharp, the puncture caused when using them may take longer to clot. After bloodletting with hypodermic needles it is advisable to apply a clean dressing to the area bled. Practitioners should verify whether local laws allow them to use hypodermic needles in acupuncture practice.

Figure 6.6 American Civil War Era Fleam

Procedure for Bloodletting

The procedures for bloodletting are similar to those for conventional acupuncture. After the area to be bled has been chosen, the practitioner follows clean needle technique protocols based on the standard of professional practice in the country or region where practicing. Before doing any technique, hands should be washed, and prior to needling insertion there should be a general inspection of the treatment site for cuts, wounds, or diseases. Since the general nature of bloodletting creates bleeding, in the

United States the clean needle protocol strongly recommends the use of gloves (National Acupuncture Foundation 2004). Using 70 percent isopropyl alcohol, swab the area in a manner that touches the area only once (such as in a single circular movement or a linear swipe). The three-edged needle, lancet, or other tool should then be used to prick the treatment area deeply enough to allow blood to flow, which should then be absorbed with cotton balls, gauze, or some other appropriate absorbent material. Once the appropriate amount of blood is removed, a clean cotton ball can be used to apply direct pressure to the area. If bleeding continues longer, a cotton ball can be taped over the point.

Points or areas for bleeding are chosen in a variety of ways. For conditions such as traumatic injury or dermatological problems, the local affected area can be bled. When choosing specific acupuncture points for bleeding, points can be chosen based on desired function of the point. In most cases, however, bloodletting is most effective when there is some palpatory or visual finding that indicates a point or area is appropriate to bleed. For example, for patients with blood stasis patterns, there may be visible dark spider nevi, areas of dark venous congestion, roughened skin, or palpably hard subcutaneous tissue at the area that is appropriate for bloodletting. In heat patterns, there may be visible redness, bright red

spider nevi, swelling, or areas of palpable heat. Even when bleeding small areas of the body such as jing-well points, there are often visible changes in the texture or color of skin.

Dosage of bleeding is determined by how much blood is drawn during the procedure. According to classic texts, bleeding should be continued until there is a visible change in the color, viscosity, or other parameter of blood. For example, when treating patients with blood stasis, often on first puncture blood will be dark and viscous. After the area or point bleeds for a short time, the blood color will often lighten to a brighter red color, or the consistency of the blood will be thinner and more liquid. Once this change is observed, then the bleeding can be intentionally stopped. Alternatively, bleeding can be allowed to stop on its own.

Methods of Applying Bloodletting

Point Pricking (dian ci fa) 點刺法

In point pricking, either a three-edged needle or a lancet is used to bleed a specific point or blood vessel in a treatment zone. This method draws on the function of a specific point. For example, jing-well points are bled to clear heat, Feng Long (ST-40) is bled to treat phlegm patterns, and points in Tung's acupuncture are bled for distal indications (for example, the area of Gao Huang Shu

BL-43 is bled to treat knee pain or dysfunction).

Picking Therapy (tiao ci fa) 挑刺法

In picking therapy the three-edged needle is used to briskly insert and flick out to cause bleeding, in a cutting motion. Examples of points for which this method can be applied are Da Chang Shu (BL-25) or Ci Liao (BL-32) to treat hemorrhoids, or Da Zhui (Du-14) to treat conjunctivitis (Liu 2003).

Alternatively, the three-edged needle is inserted to a depth of about 2–3mm and then lifted to sever white fibers beneath the skin. This latter method was originally a folk method to treat a condition known as wool-like sha (*yang mao sha* 羊毛痧) incorporated into professional Chinese medicine after the Communist Revolution in the twentieth century (Zhang 2002). This method was used to open carbuncles or boils as a form of minor surgery, and sometimes various differently shaped needles were used for this type of condition (Figure 6.7). The term wool-like sha is synonymous with wool-like furuncles (*yang mao ding* 羊毛疔), and these terms also refer to more serious types of disease where a boil or carbuncle, usually appearing on the chest or back, is accompanied by high fever, nausea, vomiting, and other symptoms. When the lesion is opened by needle, instead of bleeding, wool-like fibers or pus are visible. In Western medical terms this

type of surface infection is similar to diseases such as anthrax. This type of minor surgery in modern times should be referred to a dermatologist or infectious disease specialist.

Figure 6.7 Special Yang Mao Needle (left) and Ear Apex Bleeding Needle (right)

Diffuse Pricking (san ci fa) 散刺法

Diffuse pricking is the use of the three-edged needle, lancet, or seven star needle to bleed over a large area, or around the perimeter of a diseased area. This can be used to treat pain conditions, localized inflammation, or dermatological disorders related to heat or blood stasis patterns. Specifically, after a diseased area is chosen, the needle is used to create bleeding in a circular pattern around the target area. For example, in a patient with eczematous lesions, the area around the perimeter of the lesion will be pricked to bleed in a circle around that lesion (Xu 2004). Likewise, areas of pain or local inflammation can be treated by diffuse pricking to create bleeding around the specific lesion (Flaws 1985). Diffuse pricking is a type of local treatment and is not applied distally to the site of disease.

Pricking and Cupping (ci luo ba guan) 刺絡拔罐

Pricking and cupping method uses a three-edged needle, lancet, or seven star needle to make one or more small cuts in the treatment area which is subsequently covered with a cup to allow for removal of a greater amount of blood. This method is also known as *hijama* in the Middle East or "wet cupping." Pricking and cupping is commonly used to treat cinnabar toxins, high fever (when applied to Da Zhui Du-14, for example), injury with inflammation, or mammary welling abscesses (Wiseman and Ye 1998).

Cautions and Contraindications

In general, bloodletting should be used cautiously in patients with poor wound healing, such as those with diabetic neuropathies or venous insufficiency. Pricking the distal extremities in these patients can cause non-healing wounds to develop from the therapy. Bloodletting is also contraindicated for patients with hemorrhagic diseases or vascular tumors. Caution is warranted in overly scared, extremely fatigued, or pregnant patients.

CHAPTER 7

Commonly Bled Acupuncture Points

There are many commonly used acupuncture points that are bled. This chapter provides a list that is not meant to be exhaustive, but rather presents some of the most commonly bled points represented in contemporary literature. Since these are common acupuncture points, locations are not given (please refer to any standard point manual for details on location). Instead, only functions and indications for bloodletting therapy are provided (Deadman and Al-Khafaji 1998; Ellis, Wiseman, and Boss 1991; Wang 1998).

Arm Tai Yin Lung Channel

Chi Ze (LU-5)

Functions: Discharges heat, downbears counterflow

Indications: Cholera (*huo luan* 霍亂), cough with phlegm, inflammation in the shoulder region, chronic tracheitis, cerebrovascular disease

Lie Que (LU-7)

Functions: Diffuses Lung, clears heat

Indications: Drinker's nose

Yu Ji (LU-10)
Functions: Diffuses Lung, clears heat

Indications: Chronic tracheitis, cough, hemoptysis

Shao Shang (LU-11)
Functions: Disinhibits the throat, clears heat, restores consciousness

Indications: Eye diseases, fever, sore throat

Arm Yang Ming Large Intestine Channel

Shang Yang (LI-1)
Functions: Resolves the exterior, clears heat, clears the Lungs, disinhibits the throat, restores consciousness

Indications: Toothache, sore throat, heat diseases, clouding inversion, tinnitus

He Gu (LI-4)
Functions: Frees the channels and quickens the network vessels, courses wind, resolves the exterior, clears heat

Indications: Wind stroke, toothache, drinker's nose, itching over the entire body, headache

Qu Chi (LI-11)

Functions: Clears heat, courses wind, resolves the exterior

Indications: Cholera, cough with phlegm, swelling of the mouth, tongue or pharynx, heat diseases, itching, inflammation of the shoulder region, joint inflammation, skin diseases, hypertension, esophageal cancer

Jian Yu (LI-15)

Functions: Frees the channels and quickens the network vessels

Indications: Shoulder joint inflammation, wind damp in the shoulder joint, cerebrovascular disease

Leg Yang Ming Stomach Channel

Tou Wei (ST-8)

Functions: Dispels wind, discharges Fire, relieves pain, clears the head, brightens the eyes

Indications: Headache, swelling or pain in the eyes, eye diseases in general

Bi Guan (ST-31)

Functions: Clears heat, frees the channels and relieves pain

Indications: Acute appendicitis, joint inflammation, cerebrovascular disease

Tiao Kou (ST-38)

Functions: Clears heat, frees the channels and relieves pain

Indications: Chronic tracheitis, cinnabar toxins, cerebrovascular disease, shoulder pain

Feng Long (ST-40)

Functions: Clears heat, quickens blood, transforms phlegm, downbears counterflow, quiets the spirit

Indications: Chronic tracheitis, cough, mental emotional diseases, heart disease, stomach pain

Notes: An alternative name for Feng Long (ST-40) is Tan Hui (痰會穴), or "Phlegm Meeting." This is one of the most important points for bloodletting, and should be considered whenever there is phlegm accumulation, blood stasis, or a combination of the two. Feng Long (ST-40) also overlaps Tung's point Si Hua Wai (77.14), which in Tung's acupuncture is an important point for bleeding.

Li Dui (ST-45)

Functions: Clears Stomach channel heat

Indications: Swelling of the face, wryness of the mouth, nosebleed, heat diseases, throat *bi*, toothache, cracked lips, clouding inversion

Leg Tai Yin Spleen Channel

Yin Bai (SP-1)

Functions: Regulates and manages blood, clears the heart, restores consciousness

Indications: Spasms of gastrocnemius muscle, jaundice, mania and withdrawal, bleeding disorders due to heat, excessive dreaming, pain below the heart

San Yin Jiao (SP-6)

Functions: Courses the lower jiao

Indications: Strangury, menstrual disorders, infertility, post-polio syndrome

Yin Ling Quan (SP-9)

Functions: Clears heat, disinhibits dampness, quickens blood

Indications: Urinary tract infection, acute strangury, infertility, pain in the channel

Arm Shao Yin Heart Channel

Shen Men (HT-7)

Functions: Clears Heart heat

Indications: Mouth ulcerations

Shao Chong (HT-9)

Functions: Opens the orifices, restores consciousness, clears Heart heat

Indications: Palpitations, cardiac pain, mania and withdrawal, heat disease, clouding inversion

Arm Tai Yang Small Intestine Channel

Shao Ze (SI-1)

Functions: Clears Heart Fire, frees the channels, quickens the network vessels, restores consciousness

Indications: Heat diseases, clouding inversion, sore throat, breast pain or swelling, eye screens, heat in the mouth and vexation, wind strike, headache

Leg Tai Yang Bladder Channel

Zan Zhu (BL-2)

Functions: Dispels wind, brightens the eyes

Indications: Dizziness, headache, hemorrhoids, redness and pain of the eyes

Fei Shu (BL-13)

Functions: Regulates qi, quickens blood

Indications: Shoulder pain

Ge Shu (BL-17)

Functions: Clears blood heat, rectifies vacuity and

detriment

Indications: Pediatric gan disease, cinnabar toxins

Gan Shu (BL-18)

Functions: Disperses stasis, dispels damp heat, brightens the eyes

Indications: Lateral costal pain, eye diseases, pediatric gan disease

Pi Shu (BL-20)

Functions: Rectifies the Spleen

Indications: Jaundice

Wei Shu (BL-21)

Functions: Regulates the center and harmonizes the Stomach, transforms damp, disperses stagnation

Indications: Jaundice, pediatric gan disease

Shen Shu (BL-23)

Functions: Regulates qi, stops pain

Indications: Mounting qi (*shan* 疝)

Shang Liao (BL-31)

Functions: Regulates qi, stops pain

Indications: Chronic lumbar pain, sciatica

Fu Xi (BL-38)
Functions: Regulates qi, stops pain

Indications: Stomach pain, abdominal pain, spinal pain, breast swelling and pain

Wei Yang (BL-39)
Functions: Regulates qi, stops pain

Indications: Same as Wei Zhong BL-40

Wei Zhong (BL-40)
Functions: Clears blood, discharges heat, dispels wind damp, disinhibits the back

Indications: Wind stroke, cholera, strangury, back pain, menstrual clots, cinnabar toxins, cardiovascular disease, hypertension, hemorrhoids, sciatica, skin diseases, spinal pain, headache, joint inflammation, post-polio syndrome

Cheng Shan (BL-57)
Functions: Soothes the sinews, cools the blood

Indications: Leg qi

Zhi Yin (BL-67)
Functions: Courses wind, rectifies qi, quickens blood, clears brain, brightens eyes

Indications: Headache, eye pain, eye screens, retention of the placenta, difficult delivery

Arm Jue Yin Pericardium Channel

Qu Ze (PC-3)

Functions: Clears the construction, cools blood, downbears counterflow, stops vomiting

Indications: Heat at the blood level, summerheat strike, sudden turmoil, vomiting, diarrhea, heat in the four limbs, thirst

Zhong Chong (PC-9)

Functions: Clears Heart, eliminates heat, restores consciousness

Indications: Cardiac pain, vexation and oppression, clouding inversion, stiffness of the tongue with impaired speech, heat diseases, summerheat strike, fright inversion

Arm Shao Yang San Jiao Channel

Guan Chong (SJ-1)

Functions: Resolves San Jiao pathogenic heat, clears heat and drains Fire

Indications: Tinnitus, deafness, earache, headache, dizziness, redness of the eyes, throat painful obstruction, bitter taste in the mouth; according to the *Ode of the Jade Dragon*, bleeding this point removes toxic blood and treats congested San Jiao heat in the upper jiao

Qi Mai (SJ-18)

Functions: Clears heat, resolves tetany, quickens the network vessels

Indications: Tinnitus, deafness, headache, pain behind the ear, infantile fright epilepsy, fright and fear

Lu Xi (SJ-19)

Functions: Clears heat, frees the channels and relieves pain

Indications: Tinnitus, headache, ear pain, fright and fear, insomnia

Notes: Several classical texts contraindicate this point to bleeding.

Leg Shao Yang Gallbladder Channel

Jian Jing (GB-21)

Functions: Frees the channels and quickens the network vessels

Indications: Wind stroke

Feng Shi (GB-31)

Functions: Frees the channels and quickens the network vessels

Indications: Acute appendicitis, chronic back pain, numbness of the lower extremities

Yang Ling Quan (GB-34)
Functions: Clears heat, expels dampness

Indications: Mania and withdrawal, chronic tracheitis, liver and gallbladder disease, joint inflammation

Yang Jiao (GB-35)
Functions: Clears heat, expels dampness

Indications: Mania and withdrawal, liver and gallbladder disease, pain when passing stones, acute appendicitis

Zu Qiao Yin (GB-44)
Functions: Extinguishes wind, courses the Liver and Gallbladder, clears heat, drains Fire

Indications: Unilateral headache, flowery vision, tinnitus, lateral costal pain, heat diseases, eye pain, pain in the outer canthus

Leg Jue Yin Liver Channel

Da Dun (LIV-1)
Functions: Restores consciousness, clears the spirit-disposition, rectifies qi

Indications: Stomach pain, abdominal pain, genital pain, clouding inversion, mania and withdrawal

Du Mai

Chang Qiang (Du-1)
Functions: Quickens blood, frees the channels

Indications: Hemorrhoids, anal prolapse, chronic diarrhea

Yao Shu (Du-2)
Functions: Quickens blood, frees the channels

Indications: Chronic lumbar pain, sciatica, disases of the lumbar vertebrae, post-polio syndrome, stroke sequellae, chronic nephritis, pediatric enuresis, hemorrhoids, uterine prolapse

Yao Yang Guan (Du-3)
Functions: Quickens blood, frees the channels

Indications: Same as Yao Shu Du-2

Shen Zhu (Du-12)
Functions: Dispels pathogens, clears the construction

Indications: Pediatric gan disease, heat in the chest

Da Zhui (Du-14)
Functions: Courses exterior pathogens, frees yang qi of the body, clears the Heart and quiets the spirit, clears Lung heat

Indications: Heat disease, malaria, common cold, steaming bone tidal fever, cough, neck stiffness, stiffness

in the spine, infantile fright wind

Bai Hui (Du-20)

Functions: Extinguishes wind, subdues yang, discharges heat

Indications: Headache, food damage, eye diseases, itching over the entire body

Su Liao (Du-25)

Functions: Discharges heat, opens the orifices

Indications: Clouding inversion, drinker's nose, clonic spasm, nasal block

Yin Jiao (Du-28)

Functions: Clears heat, drains Fire

Indications: Mania and withdrawal, pain and swelling of the gums, redness, pain, and itching of the outer canthus, pain and bleeding of the teeth or gums, red facial complexion, hemorrhoids

Notes: This point is located inside the mouth. To bleed the point, first the therapist holds the patient's upper lip and pulls it up to expose the point. Then, with the other hand, use a three-edged needle or lancet to bleed the superior frenulum.

Extra Points

Yao Yan (M-BW-24)

Functions: Quickens blood, frees the channels

Indications: Pediatric gan disease, back pain

Er Jian (M-HN-10)

Functions: Clears and discharges heat, quiets the spirit

Indications: Red eyes, eye screens, eye pain, high fever, insomnia, heat diseases in general, anxiety, headache

Notes: Bleeding Er Jian (M-HN-10) is one of the most common and clinically useful bloodletting applications. It is appropriate to treat any condition of blood stasis or heat that affects the head. Bleeding Er Jian (M-HN-10) also has the function of harmonizing the Heart and Kidney.

Jin Jin/Yu Yue (M-HN-20)

Functions: Clears heat, benefits the tongue

Indications: Painful or swollen tongue, mouth ulcerations, aphasia, vomiting, diarrhea

Notes: Jin Jin and Yu Yue are located on the underside of the tongue. To bleed these points, first the patient is asked to stick their tongue out. The therapist then gently holds the tongue using clean gauze and pulls it up to expose the sublingual veins. Then, using the other hand, the veins are pricked using a three-edged needle or lancet.

Tai Yang (M-HN-9)

Functions: Courses wind, clears heat, clears the head, brightens the eyes

Indications: Headache, wryness of the eyes and mouth, trigeminal neuralgia, redness and swelling of the eyes, mania and withdrawal, hypertension

Shi Xuan (M-UE-1)

Functions: Extinguishes wind, discharges heat, restores consciousness

Indications: Acute tonsillitis, child fright wind, hypertension, wind strike, high fever, loss of consciousness, mania and withdrawal, fright wind, summer heat stroke, epilepsy

Notes: According to the modern Taiwanese acupuncturist Dr. Zhong Yong Xiang, jing-well points are superior to the Shi Xuan (M-UE-1) points for these indications, and the Shi Xuan points are simply analogs of the jing-well points that can easily be applied by laypeople who are unfamiliar with channel pathways and point locations. However, when treating stroke patients, instead of using conventional jing-well or the Shi Xuan (M-UE-1) points, Dr. Zhong chooses a trio of points on each of the toes; there is one point located like a jing-well point at each of the proximal corners of the nails, and a third point located just behind the midpoint of the proximal border of the nail

(Figure 7.1). Each of the toes will be bled at these points, for a total of 30 points.

Figure 7.1 Points on the Toes Bled for Stroke

Si Feng (M-UE-9)

Functions: Strengthens the Spleen and disperses accumulation

Indications: Pediatric gan disease

Case Studies

Case 1: Pediatric Fever

A 6-year-old boy was brought to my office with a fever of about 40ºC. He had already been prescribed antibiotics the day prior, but his fever failed to break with

conventional treatment. He was diagnosed with common cold due to wind heat invasion, and the treatment principle was to clear heat and dispel wind. Da Zhui (Du-14) was pricked with a lancet to express several drops of bright red blood and then Qu Chi (LI-11) was needled and drained without retention. His temperature was measured at 38ºC about five minutes after treatment, and by the next day the fever broke completely.

Case 2: Acute Shoulder Pain

A 55-year-old woman arrived at the clinic having just injured her shoulder carrying groceries. Upon inspection there were several small spider nevi in the region of Jian Yu (LI-15) on the right shoulder. Her range of motion was significantly diminished and the pain was sharp upon movement. The region of Jian Yu (LI-15) was pricked several times in the manner of Diffuse Pricking Method, and then she was needled at contralateral Tiao Kou (ST-38) and Yang Ling Quan (GB-34). During the treatment the patient was asked to mobilize the shoulder, and at the end of the treatment the sharp pain had abated with only a generalized soreness remaining. Furthermore, range of motion returned to normal.

CHAPTER 8

Special Point Categories and Combinations

Jing-Well Points 井穴

Jing-well points are among the most commonly bled points in contemporary Chinese medicine. Since these points are painful to needle with normal retained fine needle technique, bleeding offers a simple, less painful, and quick option for treatment.

Functions of Bleeding Jing-Well Points

Jing-well points are the most distal of the five shu-transport points and are used clinically for a variety of functions. The *Jia Yi Jing* suggests that jing-well points should be bled for chronic diseases (Mi 2000). According to *Nan Jing*, Chapter 68, they are used to treat fullness below the Heart. Jing-well points on the yin channels relate to Wood phase, and Wood is a reference to the impetus that begins movement and transformation in the body. In the *Nei Jing* Wood is described as the movement of "Sheng" (生), birth; it is the movement of Spring. Fullness is a type of stagnation. Thus it can easily be seen

that jing-well points have the function of moving stagnation. Since bloodletting by itself has the main function of moving blood, bleeding at jing-well points clearly has the ability to expel stasis and thereby stop pain (祛瘀止痛).

In Chinese medicine all anatomical relationships can be explained in terms of yin and yang. One of these relationships is distal versus proximal, where distal is more yang and proximal is more yin. Since the jing-well points are the most distal of the five shu transport points, they are the most yang and dynamic of points. This further explains jing-well points' ability to expel stasis. Additionally it explains a second function of bleeding jing-well points—clearing heat. Along these same lines bleeding at jing-well points is used to expel disease evils from the exterior and to treat various forms of external damage such as the common cold. Taken together with the function of clearing heat, bleeding jing-well points is effective at treating external heat patterns manifesting with symptoms such as red, swollen throat or high fever.

The last main function of jing-well point bleeding is to treat emergency conditions and to restore consciousness. As already discussed in Chapter 5, evils such as blood stasis, heat toxins, or turbid phlegm-heat may block the orifices of the Heart leading to acute loss of consciousness. Examples can include traumatic injury

leading to loss of consciousness due to development of static blood, or a high fever leading to acute loss of consciousness. Some modern research in both human and animal models suggests bloodletting jing-well points is, in fact, beneficial for patients with brain injury related to stroke (Gao *et al*. 2012; Guo, Wang, and Xu 2005). In each of these cases, bloodletting to expel stasis, clear heat, and resolve toxins can restore normal cognitive function by opening the orifices. Bloodletting specifically at the jing-well points accentuates this action. Jing-well points restore consciousness, partly because, in terms of the holographic framework (*Quan Xi Tong Ying* 全息通應) inherent in acupuncture and the channel system, they represent the head or brain. Thus, when there are evils blocking the orifices of the Heart and the brain (the seat of cognitive function and consciousness), bloodletting the jing-well points is especially effective at opening the orifices to restore consciousness. For more information on holographic correspondence in acupuncture theory please see McCann and Ross (2013).

Jing-Well Points and the Channel Sinews

The channel sinews (tendino-muscular channels; *jin jing* 經筋) are a set of channels that describe the early Chinese concept of skeletal muscles and how they interact with the channel systems of Chinese medicine. The original

classical source reference for information on the channel sinews is found in the *Jing Jin* (Channel Sinews, *Ling Shu*, Chapter 13). That chapter describes the locations, symptomatology, and clinical treatments of the channel sinews. The signs and symptoms found in the *Ling Shu* are summarized in Table 8.1.

Jing-well points are the only points on the primary channels associated specifically with the channel sinews (Low 1985). Most of the channel sinews' symptomatology clearly relates to pain, stiffness, or impaired motor function. Therefore, bleeding at the jing-well points is an effective treatment for channel sinews when they are in a state of repletion (i.e., they are painful and stiff). Secondary treatments in addition to jing-well point bleeding as described in the *Ling Shu* include manual therapies, external application of medicated plasters, or ah-shi point needling. For ah-shi point needling the *Ling Shu* specifically recommends the use of fire needling, although in modern practice warming needle therapy with moxibustion is also applicable for practitioners reticent to use fire needle.

Table 8.1 Signs and Symptoms of the Channel Sinews from the *Ling Shu*

Channel sinew	*Signs and symptoms*

Leg Tai Yang (BL)	Pain in the fifth toe and heel, contracture at the back of the knee, opisthotonus, contracture of the neck muscles, locked shoulder, pain in the axilla and at Que Pen (ST-12), inability to turn side to side
Leg Shao Yang (GB)	Pain in the fourth toe and in the lateral knee, poor flexion and extension of the knee joint, contracture at the back of the knee up the front of the anterior upper leg and buttocks, sacrococcygeal pain, pain in the hypochondrium, chest and Que Pen (ST-12), stiffness of the neck, inability to open right eye (if there is contracture of the channel sinew radiating from the left side)
Leg Yang Ming (ST)	Pain in the third toe radiating up the anterior foot, ankle, and leg, contracture of the anterior leg around Fu Tu (ST-32), swelling of the anterior thigh, mounting pain (shan), contracture and pain of the abdomen radiating up to Que Pen (ST-12), deviation of the mouth; slackening of the cheek with mouth deviation and inability to open the eye (with heat in the channel); spasmodic contraction of the cheek and deviation of the mouth (with cold in the channel)
Leg Tai Yin (SP)	Pain in the first toe and medial malleolus, pain in the medial knee radiating to groin, genital pain, pain in the umbilical area and hypochondrium, pain in the thoracic spine
Leg Shao Yin (KD)	Contracture at the bottom of the foot, pain along the insertion areas of the channel (i.e., medial malleolus, medial aspect of leg and thigh, genitals, paraspinal muscles, occiput)
Leg Jue Yin (LIV)	Pain in the first toe radiating to the medial malleolus, pain along the medial tibia, pain and contracture along the medial thigh, genital disorders including impotence from too much sex; contracture of the genitals (with cold in the channel), priapism (with heat in the channel)
Arm Tai Yang (SI)	Pain in the small finger radiating to forearm and elbow, pain in the medial upper arm up to the posterior axilla, scapular pain, tinnitus, transient poor vision, neck stiffness, neck swelling (i.e., adenitis)

Arm Shao Yang (SJ)	Curled tongue; pain in the ring finger, wrist, forearm, elbow (at Tian Jing SJ-10), posterior upper arm, shoulder (at Jian Liao SJ-14 and Tian Liao (SJ-15), or neck (around Tian You SJ-16)
Arm Yang Ming (LI)	Inability to lift the shoulder, inability to rotate head; pain and stiffness of the index finger up to wrist (at Yang Xi LI-5), forearm, elbow (at Qu Chi LI-11), upper arm and shoulder (around Bi Nao LI-14 and Jian Yu LI-15), or lateral head and lateral corner of eye orbit
Arm Tai Yin (LU)	Shortness of breath, pain in the hypohondrium, hematemesis; pain and stiffness of thumb, thenar eminence, anterior forearm, elbow (at Chi Ze LU-5), upper arm, area of Que Pen (ST-12)
Arm Jue Yin (PC)	Chest pain, shortness of breath; pain and stiffness at middle finger, anterior forearm, elbow, anterio-medial upper arm, below the axilla, or ribcage
Arm Shao Yin (HT)	Pain and stiffness of the small finger, wrist (at Shen Men HT-7), forearm, medial elbow up to Qing Ling (HT-2), or axilla

Bleeding the Jing-Well Points: Method

Before needling the jing-well points the skin is swabbed with alcohol as in regular fine needle acupuncture. Following that, the digit should be squeezed to illicit erythema at the point. The point can then be punctured with either a lancet or a traditional three-edged needle; blood is then squeezed out of the point. As with bloodletting other points on the body, ideally bleeding continues until there is a visible change in color or viscosity of blood. An

appropriate dose is indicated when blood has changed color or consistency. Cover with cotton and apply pressure if needed to stop bleeding.

In many cases the jing-well points of diseased channels will show visible signs of redness, dryness, swelling, or flaking of skin. If these or other similar signs are visible, bleeding these areas is appropriate. For examples of treatment protocols using jing-well point bleeding combined with conventional acupuncture point needling, please see Table 8.2.

Luo-Network Points 絡穴

Luo-network points, because of their association with luo-network vessels, are another category of points that are commonly bled. The basic characteristics of network vessels have already been described (Chapter 3), and one of these basic characteristics is that they are prone to stasis. The network vessels are also holding places for disease evils. As such, network vessels are likely to be locations of patterns such as blood stasis, phlegm stasis, and, over time, heat (particularly heat in the blood).

After the *Ling Shu* provided a basic summary of network vessel symptomatology, later generations described symptomatology of these same vessels when presenting blood stasis or heat (Maciocia 2006) (Table 8.3). When network vessels present with these types of

repletion evils, the area around the luo-network points may be bled providing there is some visual or palpatory finding indicating an active treatment point.

The most important and commonly bled luo-network point is Feng Long (ST-40). The Yang Ming Stomach channel is full of both qi and blood, and therefore, points on the Stomach channel have a significant influence over both qi and blood. For example, Zu San Li (ST-36) is one of the most important points for qi and blood supplementation. Bleeding the Yang Ming channel has a strong effect on quickening blood. Feng Long (ST-40), the luo-network point of the Stomach channel, is also an essential point for the treatment of phlegm patterns, a clinical application from which the alternative point name Tan Hui (痰會穴; Phlegm Meeting) derives. The proper name itself, "Feng Long," also refers to this idea of repletion disease evils. The word "Feng" (豐) in modern Chinese means "plentiful" or "bountiful." However, in the *Er Ya*,[10] one of the definitions of "Feng" (豐) is "Wu" (蕪)—"overgrown with weeds" or "disorderly." This is the image of an overgrowth of disease evils such as blood stasis or phlegm. Feng Long (ST-40) can be bled in clinical cases of blood stasis or phlegm accumulation in any area of the body.

Other Point Combinations for Bloodletting

Four Bends Combination (Si Wan Pei) 四彎配

The Four Bends Combination (*Si Wan Pei* 四彎配) is the combination of bleeding the popliteal fossa (Wei Zhong BL-40 region) and the cubital fossa (Chi Ze LU-5 region). Bleeding this combination has the basic function of treating many unusual diseases associated with heat or blood stasis. The area of Wei Zhong (BL-40) treats the lower limbs, the back and the head, along the area of the Tai Yang channel. Bleeding this point alone treats all sorts of stagnation in the head, back and lower extremities. Chi Ze (LU-5) and Wei Zhong (BL-40) are located on analogous areas of the body (i.e., the elbow and the knee mirror one another), and on paired channels (i.e., the Tai Yang communicates with the Tai Yin). Therefore these points have similar functions, and Chi Ze (LU-5) alone can treat problems of the upper extremities, including the shoulder and the chest. For example, bleeding Chi Ze (LU-5) treats respiratory and cardiac diseases stemming from heat or blood stasis.

Together, the combination of these points treats blood stasis or heat in the entire body, and when there are visible dark spider nevi present they can be bled. These points also treat dermatological conditions. When treating dermatological conditions they can be used along with bleeding Zhi Wu (11.26).

Table 8.2 Bleeding Protocols Using Jing-Well and Supplementary

Points

Body region	*Disease*	*Jing-well point (to bleed)*	*Supplementary points (to needle)*
Head	Headache (anterior)	Shang Yang (LI-1), Li Dui (ST-45)	Nei Ting (ST-44) or Gong Sun (SP-4)
	Headache (lateral)	Guan Chong (SJ-1), Zu Qiao Yin (GB-44)	Xian Gu (ST-43) or Zu Lin Qi (GB-41)
	Headache (posterior)	Zhi Yin (BL-67), Zu Qiao Yin (GB-44)	Shu Gu (BL-65)
	Dizziness	Da Dun (LIV-1)	Ling Gu (22.05) with Qu Chi (LI-11) or Tai Chong (LIV-3)
Face	Nosebleed	Shao Shang (LU-11), Shang Yang (LI-1)	Tai Chong (LIV-3)
	Eyes, pain or swelling	Li Dui (ST-45), Zhi Yin (BL-67)	Shang Bai (22.03), Guang Ming (GB-37)
	Toothache	Shang Yang (LI-1), Li Dui (ST-45)	Nei Ting (ST-44) or Er Jian (LI-2)
	Tonsillitis	Shao Shang (LU-	Jia Che (ST-6),

		11), Shang Yang (LI-1)	Fu Tu (LI-18)
Neck	Sore throat	Shao Shang (LU-11), Shang Yang (LI-1)	Ye Men (SJ2), Yu Ji (LU-10)
	Sprain or stiffness (lateral)	Guan Chong (SJ-1), Shang Yang (LI-1)	Lie Que (LU-7), Wai Guan (SJ-5)
	Sprain or stiffness (posterior)	Zhi Yin (BL-67), Shao Ze (SI-1)	Hou Xi (SI-3), Shu Gu (BL-65)
	Torticollis	Li Dui (ST-45), Guan Chong (SJ-1)	San Yin Jiao (SP-6)
Trunk	Chest pain	Li Dui (ST-45), Zu Qiao Yin (GB-44)	Zhi Gou (SJ-6) or Nei Guan (PC-6)
	Breast pain or mastitis	Li Dui (ST-45), Da Dun (LIV-1)	Liang Qiu (ST-34)
	Breast swelling (e.g., fibrocystic breasts)	Shao Ze (SI-1)	Yi Zhong (77.05), Er Zhong (77.06), San Zhong (77.07)
	Shan-mounting (e.g., testicular pain, inguinal hernia)	Da Dun (LIV-1)	Da Jian (11.01), Xiao Jian (11.02), Fu Jian (11.03), Wai Jian (11.04)
	Vulvovaginal pain	Da Dun (LIV-1)	San Yin Jiao (SP-6), Yun Bai (44.11), Li Bai (44.12)
Back/Hip	Lumbar pain	Zhi Yin (BL-67)	Hou Xi (SI-3), Ren Zhong (Du-

			26)
	Sciatica (lateral)	Zu Qiao Yin (GB-44)	Wai Guan (SJ-5), Zhi Gou (SJ-6)
	Sciatica (posterior)	Zhi Yin (BL-67)	Hou Xi (SI-3), Wan Gu (SI-4)
	Spinal pain (thoracic)	Yin Bai (SP-1)	Ling Gu (22.05), Tai Bai (SP-3), Ren Zhong (Du-26)
Shoulder joint	Shoulder pain (anterior)	Shao Shang (LU-11), Shang Yang (LI-1)	Jian Zhong (44.06), Shen Guan (77.18)
	Shoulder pain (posterior)	Shao Ze (SI-1), Guan Chong (SJ-1)	Jian Zhong (44.06), Shen Guan (77.18)
	Shoulder pain (at apex)	Shang Yang (LI-1)	Jian Zhong (44.06), Shen Guan (77.18)
Wrist	Injury or loss of function	Choose jing-well of most affected channel	Ce San Li (77.22)
Finger	Injury or loss of function	Choose jing-well of most affected channel	Wu Hu (11.27)
Knee	Knee pain (medial)	Da Dun (LIV-1), Yin Bai (SP-1)	Jian Zhong (44.06) or Xin Xi (11.09)

	Knee pain (lateral)	Li Dui (ST-45), Zu Qiao Yin (GB-44)	Jian Zhong (44.06) or Xin Xi (11.09)
Ankle	Ankle pain (medial)	Da Dun (LIV-1), Yin Bai (SP-1)	Wu Hu (11.27)
	Ankle pain (lateral)	Li Dui (ST-45), Zu Qiao Yin (GB-44)	Wu Hu (11.27)

Source: Deadman and Khafaji 1998; McCann and Ross 2013; Yang 1991, p.178.

Eight Gates Great Puncturing (Ba Guan Da Ci) 八關大刺

Eight Gates Great Puncturing (*Ba Guan Da Ci* 八關大刺), or Puncturing the Eight Gates, is a bloodletting point combination developed by Liu Wan Su (劉完素; 1120–1200 CE), founder of the Cooling School (*Han Liang Pai* 寒涼派) of the Jin-Yuan Period. In the second volume of his book *Su Wen Bing Ji Qi Yi Bao Ming Ji* (素問病機氣宜保命集) he says, "For around the clock incessant vexatious heat, prick the spaces between the fingers to let blood. This is called Eight Gates Great Puncturing. 大煩熱, 晝夜不息, 刺十指間出血, 調之八關大刺."

Puncturing the Eight Gates is bilateral bloodletting at the Ba Xie (M-UE-22) points. These points have the function of clearing heat and dissipating swelling.

Bleeding these points has the ability to clear heat generally from the entire body and calm vexation due to heat.

Bloodletting for Summerheat Strike

Summerheat strike (*zhong shu* 中暑), as a type of heat pattern diagnosis, is well treated by bloodletting. This specific method presented here is the treatment protocol of Zhong Yong-Xiang,[11] a contemporary Taiwanese acupuncturist. When a patient presents with typical symptoms of summerheat strike, such as malaise, fatigue, low-grade fever or heat effusion, low-grade headache, nausea, etc., the provider performs a special visual diagnostic inspection to confirm the pattern diagnosis. To accomplish this the area of Shou San Li (LI-10) and/or Jian Jing (GB-21) are pinched up such that the underlying muscle tissue is lifted and then let slip back through the fingers. After the pinch, if there is a resultant lump that remains for several seconds, summerheat strike is confirmed and treatment commences.

Treatment for this pattern is to bloodlet all the jing-well points on the hands. The points should be located at the purple-enlarged area near the nail bed and not measured exactly at 0.1 cun as is typically taught in acupuncture texts. The method of insertion is slow, followed by a slow withdrawal of the lancet, and then the point is squeezed

until the blood stops flowing on its own. During the procedure, Dr. Zhong recommends positioning hands such that the practitioner's fingers do not cross the trajectory of the channel on the patient's finger as they squeeze the point to express blood so as not to occlude that channel while eliciting bleeding.

Table 8.3 Symptomology of Blood Stasis and Heat in the Network Vessels

Network vessel	***Blood stasis***	***Heat***
Lung	Hemoptysis (dark), chest pain	Hemoptysis (bright), nosebleed, red face
Large intestine	Hemafecia (dark), abdominal pain, abdominal masses	Hemafecia (bright), abdominal pain
Stomach	Hematemesis (dark), epigastric pain, masses in the Stomach, masses in the throat	Nosebleed, red eyes, bitter taste, thirst
Spleen	Hemafecia (dark), abdominal pain	Hemafecia (bright), abdominal pain
Heart	Chest pain	Mania
Small intestine	Abdominal pain	
Bladder	Painful urination and hematuria (dark)	Hematuria (bright), abdominal pain
Kidney	Low back pain worse at night	
Pericardium	Chest pain	Mania

San Jiao	Pain in all three jiao	
Gallbladder	Ribside pain	
Liver	Ribside pain, breast lumps, masses in the throat	Nosebleed, red eyes, bitter taste, thirst, hematuria (bright), abdominal pain

CHAPTER 9

Bloodletting in the Treatment of Chronic Disease

One of the most clinically relevant uses of bloodletting therapy in the West is in the treatment of chronic, recalcitrant, or degenerative diseases (hereafter referred to as "chronic" disease for short). Even though bloodletting can effectively treat acute conditions, in the Western world acupuncture and Oriental medicine providers more commonly see chronic rather than severe acute conditions.

Many passages in the classic texts make it clear that bloodletting is the acupuncture therapy of choice for chronic conditions. The *Jiu Zhen Shi Er Yuan* (Nine Needles and Twelve Origins, *Ling Shu*, Chapter 1) says, "The lance needle has three edges; it is used to treat chronic disease" (鋒針者，刃三隅，以發痼疾). The "lance needle" is the ancient name for what is now called the three-edged needle, the needle used for bloodletting. The *Guan Zhen* (Needles in Formal Use, *Ling Shu*, Chapter 7) concurs on this recommendation by saying, "When treating chronic impediment (*bi*) located in the channels and network vessels, choose the lance needle"

(病在經絡痼痹者，取以鋒針) . *Shou Yao Gang Rou* (Longevity, Early Death, Robustness and Tenderness, *Ling Shu*, Chapter 6) gives guidelines about the number of treatments needed for different conditions based on chronicity of the disease: "A disease of three days needs three treatments; a disease of one month needs ten treatments. The number of treatments depends on the chronicity of the condition. For cases of chronic impediment, inspect and bleed the blood network vessels" (病九日者三刺而已病一月者十刺而已．多少遠近以此衰之．久痺不去身者視其血絡盡出其血). The *Jia Yi Jing* concurs:

> When a person, after having been struck by one of the winds of the eight directions and fours seasons, develops a chronic illness where the evil has invaded and penetrated the channels and connecting vessels, then [this condition] is treated by the sharp needle. The sharp needle is based upon the wadding needle. It has a cylindrical body and a pointed end of three blades and is 1 cun and 6 fen in length. It is used to drain heat and let out blood to dissipate and drain chronic disease. Accordingly, it is said that, if the disease is securely housed within the five viscera, the sharp needle should be selected… (Mi 2000, p.275)

The ability of bloodletting to treat chronic disease stems

first and foremost from its function of quickening the blood and transforming stasis. Secondarily, when heat leads to stasis or other stagnating disease evils such as phlegm enter the network vessels, the ability of bloodletting to clear heat and expel evils from the network vessels supports the function of expelling stasis. In modern times many physicians believe blood stasis is intimately related to chronic diseases, even though historically in Chinese medicine chronic diseases were associated with vacuity patterns of the internal viscera, in particular the Kidneys. According to the contemporary Chinese physician and gerontologist Yan De Xin (1995), static blood is the chief mechanism of decline in function due to aging (*shuai lao* 衰老). The twentieth-century acupuncture master Tung Ching Chang concurred, believing that all chronic, serious or fatal diseases must involve blood stasis (McCann and Ross 2013).

Blood Stasis in Chinese Medicine

Blood stasis is defined by Wiseman and Ye (1998) as the "impairment or cessation of the normal free flow of blood" and can occur as the result of trauma, bleeding, vacuity patterns, blood cold, or blood heat. The *Su Wen* presents an early model of blood stasis and identifies four major causes for the pattern: namely trauma, cold leading to stasis, fits of anger and other emotional causes, and

chronic diseases of vacuity. However, the actual term blood stasis (*xue yu* 血瘀) does not appear in the *Su Wen*; it is first found in the writings of Zhang Zhong Jing (Neeb 2007). The specific term *xue yu* can be found for example in *Jing Gui Yao Lue*, Chapters 16 and 22 (Zhang 1993). Later, other physicians discussed blood stasis in various contexts. Chao Yuan Fang (Sui Dynasty) gave us the first link between blood stasis and gynecological diseases, and Zhu Dan Xi developed his concept of the six depressions, which includes blood stasis. Zhu Dan Xi also used the term *si xue* (死血), dead blood, to describe the pattern we recognize in modern times as blood stasis (Neeb 2007).

The basic signs and symptoms associated with blood stasis include visual signs such as dull complexion, cyanosis, stasis macules on the tongue, painful swelling, stabbing and fixed pain, mass formation, bleeding, and occasionally mental symptoms such as delirium (Wiseman and Ellis 1996). Modern physicians have expanded the pattern identification of blood stasis with other more extensive signs and symptoms. For example, Yan De Xin (1995) includes fever, itching, numbness, poor memory, and excessive dreaming as indicators of blood stasis. Other modern Chinese physicians have further extrapolated the paradigm of blood stasis to include a variety of modern medical findings. For example, some

physicians see increase in blood sedimentation rate, an enlarged heart, arteriosclerosis, hyperlipidemia, the presence of thrombi, high bilirubin levels, white blood cell c-fos gene expression, or the presence of tumors and masses as manifestations of blood stasis patterns (Flaws n.d.; Yan 1995). It should be remembered, however, that these modern findings should be taken into consideration alongside other signs and symptoms to make a complete differential pattern diagnosis.

Vacuity Patterns and Bloodletting

To be clear, bloodletting is primarily a reducing therapy, not a supplementing therapy. Therefore, many physicians are of the opinion that bloodletting is contraindicated in vacuity patterns of various types. That said, there is a close relationship between many vacuity patterns and the presence of disease evils. Certainly, all sorts of disease evils such as blood stasis, phlegm, dampness, internal heat, wind, and others all impair movement of qi and blood leading to vacuity patterns.

When disease evils are present, or when there is stagnation in the normal circulation of qi and blood, supplementation may be inappropriate even if there is concurrent vacuity. Zhang Zi He, the founder of the Attack and Purge School (*Gong Xia Pai* 攻下派), believed that disease evils must be expelled

prior to supplementation. Often, once evils have been expelled, the disease will improve by itself. Although Zhang is mostly thought of as an herbalist, because of his theories that all disease evils must be expelled as a primary therapy, he made heavy use of bloodletting therapy himself (Chen *et al.* 2012). Later Jin-Yuan period authors also utilized bloodletting therapy. In the *Pi Wei Lun* (Treatise on the Spleen and Stomach 脾胃論), Li Dong Yuan says that for vacuity and debility of the Spleen and Stomach we should bleed Shang Ju Xu (ST-37) (Zhang, Chen, and Guo 2012).

Xu Da Chun in the *Shen Ji Chu Yan* (Precautions in Illness: My Humble Thoughts; 1767), Chapter 9, line 5 says, "Since the qi and blood of the elderly do not flow uninhibitedly, how can they bear supplementation which keeps the evils, thus making difficulties with the qi and blood?" (蓋老年氣血不甚流利, 豈堪補住其邪, 以與氣血為難). Thus it is amply clear that when stasis and disease evils are present they must be eliminated for therapy to be effective. Since bloodletting is the most effective acupuncture therapy for expelling stasis, it is an important therapy to apply when appropriate. Even in the case of a patient presenting with vacuity, it may be used in combination with moxibustion or fine needle supplementation.

Kidney Vacuity, Blood Stasis, and Bloodletting

To illustrate this point we can take the example of Kidney vacuity, a pattern traditionally associated with chronic diseases and diseases of ageing. Kidney vacuity and blood stasis are closely related and clearly occur together in clinical practice. Blood is created from the intermingling of the post-natal clear qi, which is the finest essence of food and drink extracted by the Spleen, and the pre-natal Kidney essence and fluids. While this intermingling happens in the upper burner, the production of blood is also dependent on the strength and normal functioning of the middle and lower jiao. In the case of chronic disease, if the Kidney essence is depleted, then blood cannot be adequately produced. When blood is insufficient, it fails to circulate normally and can become static. Thus Kidney vacuity can lead to blood stasis.

Likewise, blood stasis can lead directly to Kidney vacuity patterns. One of the main functions of blood is to nourish and moisten the four limbs, the bones, the bowels, and the viscera. If blood stasis is present, then blood fails to return to the Kidney where excess blood undergoes transformation to replenish *jing* essence. So, if there is ample blood and its circulation is good, then there will be fullness of the essence and marrow. If blood is deficient, even if it is due to blood stasis causing an insufficient amount of blood returning to the Kidneys, the essence and

marrow will become weak, and the physical form will suffer. Therefore in *Yong Ju* (Abscesses, *Ling Shu*, Chapter 81) it is said, "By solidifying expel vacuity, supplement and there is a surplus. Once the blood and qi are regulated, then the form qi can be preserved" (從實去虛，補則有餘，血氣已調，形氣乃持). Especially in chronic disease, both supplementation and drainage need to be performed as appropriate.

Since Kidney vacuity and internal presence of disease evils are so closely intertwined, in most Kidney vacuity patterns the same dual emphasis on building and draining is necessary. For example, in exemplar Kidney formulas such as the *Jin Gui Shen Qi Wan* (Kidney Pill from the Golden Chamber) we see an almost even mix between herbal medicines that supplement, and those that drain. When blood stasis and Kidney vacuity present simultaneously, bloodletting is clinically appropriate and can treat both patterns effectively. Bloodletting is capable of quickening blood to remove stasis, and as described previously, blood stasis can directly lead to Kidney vacuity. Bloodletting, by quickening blood, allows for the reestablishment of normal blood circulation so that it can return to the Kidney to supplement essence and marrow. The amount of blood drawn during bloodletting in the Chinese medical tradition is relatively small, thus it is not likely to deplete blood or fluids unless it is repeated very

frequently. Clinically it is also commonly seen that weak pulses in Kidney vacuity patients become stronger very quickly after bloodletting therapy is performed.

Case Study: Kidney Vacuity and Blood Stasis

An 80-year-old male presented with a main complaint of back pain. He had a diagnosis of spondylosis and fractured lumbar vertebrae, and presented with a severe kyphosis (he had lost 12cm in height in the last year alone). The pain was worse in the morning when getting out of bed and after standing for any period of time, and walking was difficult. His tongue was pale and his pulse was deep and very weak; there were small spider nevi on his face near Cheng Jiang (Ren-24). He was diagnosed with lumbar pain due to Kidney yang vacuity, and local qi stagnation and blood stasis in the spine and lumbar area. In Tung's acupuncture the chin is associated with the Kidney and a dark color or presence of spider nevi in this area is indicative of Kidney vacuity, further corroborating the tongue and pulse findings. Acupuncture points from Tung's acupuncture were needled, including Shui Jin (1010.20), Shui Tong (1010.19), Hou Zhui (44.02), Shou Ying (44.03), and Shen Guan (77.18), and the spider nevi on the chin were bled (as a distal analog of the lumbar region). After the first treatment the patient noticed that there was no longer any pain getting out of bed in the

morning although there was some pain by the end of the day when he was tired. He was able to stand, however, for much longer periods of time without discomfort, and he had much greater stamina. After the second treatment he was able to stand and sit straighter than he had before and the pain relief lasted almost the entire week between treatments. On inspection, his pulses improved in strength, meaning both that the stagnation was expelled and Kidneys supplemented, all without the use of moxibustion, herbal medicine, or other therapies that are more known for their ability to supplement. In this case, even though bloodletting was applied, it contributed to supporting the Kidneys.

CHAPTER 10

Tung Lineage Bloodletting

Tung's acupuncture is a classical lineage of medical practice that originated in Shandong, China. According to its own traditional history, Tung's lineage was a family system passed down from father to eldest son from the Han Dynasty (206 BCE to 220 CE). During China's civil war in the twentieth century, all documents related to Tung's acupuncture were lost. The last descendant of the Tung family to practice acupuncture was Tung Ching Chang (*Dong Jing Chang* in pinyin romanization; 董景昌), born in 1916 in Ping Du County, Shandong Province, Republic of China. As a young man Tung assisted his father in treating local patients afflicted with a variety of ailments, and later, in his early adulthood, he joined the Republican (*Guo Min Dang* 國民黨) Army. After the revolution ended in 1949, Tung relocated to Taiwan along with the Chinese Republicans.

The most prominent feature of Tung's acupuncture is the Tung family's set of points, which Tung termed "orthodox channel extra (curious) points" (正經奇穴). While some of these points lie in approximately the same location as some of the conventional points of 14-channel

acupuncture, the majority of Tung's points are in unique locations. Even when Tung's points are analogous to and overlap conventional points, they have different point groupings and functions. Tung's points are always needled distally and contralaterally to the site of disease, and a minimal number of points are selected per treatment session. Tung rarely used more than six needles per treatment.

The distribution of Tung's points covers the entire body, although, unlike conventional acupuncture, they are arranged topographically by anatomical zones rather than by channel (see Table 10.1). For example, zone 1 contains points located on the fingers, zone 2 on the hand, and zone 3 on the forearm (see Table 10.1 for a list of zones and number of points found in each zone). Each zone contains points that have wide-ranging effects over many areas of the body, and each zone can be viewed as an independent microsystem (McCann and Ross 2013).

Table 10.1 Point Distribution by Zone in Tung's Acupuncture

Zone	*Location*	*Number of points*
1	Fingers	27
2	Palm and dorsal hand	11
3	Forearm	16
4	Upper arm	17

5	Plantar aspect of foot	6
6	Dorsal foot	15
7	Leg/Calf	28
8	Thigh	32
9	Ear	8
10	Head	25

Note: There are also more than 160 additional points on the neck, and both the posterior and anterior trunk.

Role of Bloodletting in Tung's Acupuncture

Bloodletting therapy plays a major role in Tung's acupuncture, far more so than in conventional acupuncture. As such, it contributes an additional perspective on bloodletting in Chinese medicine to make the bloodletting tradition more rich and varied. Like physicians that preceded him, such as Wang Qing Ren, Tung believed that most chronic disease, painful conditions, and all fatal diseases involve stagnation of qi and, especially, blood stasis. In Tung's acupuncture, points over the entire body are bled. Unlike in conventional acupuncture, Tung made frequent use of bloodletting points on the trunk. In fact, the majority of Tung's points on both the dorsal and ventral trunk are never needled, only bled (Tung 1973).

Tung's Bloodletting Method and Points: Introduction

Like Tung's fine needle acupuncture technique, Tung's bloodletting focuses almost entirely on distal point treatment. In conventional acupuncture, distal bloodletting is employed for systemic conditions; for example, jing-well points are bled to clear heat or revive consciousness. Nevertheless, for localized conditions such as pain or dermatological conditions, bloodletting is performed locally. To the contrary, Tung's acupuncture employs distal points even for localized conditions such as pain management.

The location of points selected for bloodletting is broadly chosen in two ways. First, individual points can be selected for bloodletting based on classical indications, and many of Tung's points are bled for specific indications. Second, aside from choosing specific points, various zones of the body in Tung's system are distal treatment areas for the internal organs or other body areas.

In both cases, points are best chosen by visual inspection or palpation. Local signs of blood stasis indicating a need for bloodletting include visible spider nevi, areas of venous congestion, or areas of abnormally colored skin. When palpated, areas that are appropriate for bloodletting may feel rough on the skin or hard in the

subcutaneous tissue (indicating blood stasis), or hot to the touch (indicating heat). Even in the case of bloodletting applied to specific points, if areas as described above are found in the vicinity of the points to be bled, these areas are chosen over precise point location. Once the treatment location is chosen, the area is punctured with a three-edged needle or other appropriate tool. If needed, the skin is then squeezed to express a few pea-sized drops of blood. Bloodletting is performed about once per week, and traditionally the patient is advised to avoid bathing or exposing the bled area to cold for several days following treatment. Tung did not use lancets, plum blossom needles, or cups when he bled patients and, unlike Tung's needling technique, bloodletting is applied ipsilaterally to the site of disease.

Tung's Classical Bloodletting Points on the Trunk

Tung's acupuncture system contains numerous points located on the anterior and posterior trunk. These points are almost exclusively reserved for bloodletting therapy (McCann and Ross 2013; Tung 1973; Yang 1999). Points on the posterior trunk have wider-ranging functions and indications, while points on the anterior trunk are mostly used for local and adjacent treatment. Points on the posterior trunk all have unique names in Tung's system, and are grouped together as point clusters that have

identical indications. These point clusters can be broken down into major groups and minor groups, with minor groups being smaller parts of the major. Points on the anterior trunk are named only for the groups and do not have unique names.

Clinically, the points on the posterior trunk are utilized more often. This conforms to the classical suggestion that bleeding the Tai Yang channel is both safe and appropriate since it is naturally full of blood and thus can tolerate bloodletting without damaging the qi and blood.

Major Point Groups on the Posterior Trunk

There are five major groups of points on the posterior trunk, Qi Xing (Seven Stars 七星穴), Wu Ling (Five Mountain Ranges 五嶺穴), Shuang Feng (Double Phoenixes 雙鳳穴), San Jiang (Three Rivers 三江穴), and Chong Xiao (Rushing to Heaven 沖霄穴). The basic functions of these groups often track along the layouts of the back shu points of conventional acupuncture. For example, points that lie over the area of the Lung back shu points treat conditions such as the common cold. Tung also used points on the lower back to treat diseases of the upper extremities and points on the upper back to treat diseases of the lower extremities. Furthermore, points at the lower end of the Du Mai treat problems of the head. This application is thoroughly consistent with Tung

lineage's preference for distal point treatment in general.

Qi Xing (Seven Stars) 七星穴

Location: (1) On Du Mai, 0.8 cun above posterior hairline, (2) 1 cun below first point, (3) 2 cun below first point, (4, 5) 0.8 cun lateral to second point, (6, 7) 1 cun below fourth and fifth points (Figure 10.1)

Indications: Nausea and vomiting, common cold, headache, high fever in children

Discussion: Qi Xing is a group of seven points distributed on the posterior neck. The first point of this group is located in an area overlapping Feng Fu (Du-16) and Ya Men (Du-15). Both the Du Mai and Leg Tai Yang channels treat the common cold and headache, and can be used to both resolve the exterior and clear heat.

Figure 10.1 Qi Xing

Wu Ling (Five Mountain Ranges) 五嶺穴

Location: The **first line of points** consists of one point below each spinal vertebra from T2 to T11; the **second line of points** run bilaterally 3 cun lateral to the spine, each point at the levels of vertebrae T2 to T9; the **third line of points** run bilaterally 6 cun lateral to the spine, each point at the levels of vertebrae T2 to T8 [40 points total] (Figures 10.2 and 10.3)

Overlapping points: Wu Ling midline (1st line) points overlap Er Zhui Xia (M-BW-5), Shen Zhu (Du-12), Shen Dao (Du-11), Ling Tai (Du-10), Zhi Yang (Du-9), Jin Suo

(Du-8), Zhong Shu (Du-7), and Ji Zhong (Du-6). Wu Ling 2nd line points are on the outer Bladder channel line and overlap Bladder channel points from Fu Fen (BL-41) through and including Hun Men (BL-47)

Indications: Fever, common cold, hypertension, headache, lumbar pain, numbness of the hands and feet, hemiplegia, acute stomachache, vomiting, acute enteritis

Discussion: The Wu Ling points were traditionally all named for one of the Five Phases, and in this group we see Fire, Metal, Wood, and Earth represented. The midline points from T2 to T8 relate to Fire phase, and those from T9 to T11 to Earth. The second line of bilateral points from T2 to T6 relate to Metal, and those from T7 to T9 relate to Wood. The third line of bilateral points from T2 to T4 also relate to Metal, and those from T5 to T8 to Wood. A Five Phase pattern differential and visual or palpatory inspection of this area of the back will guide which points are chosen for treatment.

These points also relate closely to the functions of the conventional points with which they overlap. For example, Ge Guan (BL-46) and Hun Men (BL-47), having the ability to course Liver and rectify qi, both treat pain in the joints of the body and back pain. Classically, these points are also indicated for various digestive disorders. Shen Zhu (Du-12) and Shen Dao (Du-11) both clear Heart and Lung heat and are indicated similarly for conditions

such as the common cold, fever, and headache. Likewise, this heat clearing function may allow them to treat types of hypertension that have matching patterns.

The *Zhi Zhen Yao Da Lun* (Comprehensive Discourse on the Essentials of the Most Reliable, *Su Wen*, Chapter 74) outlines basic pathologies of the Five Zang and by extension the Five Phases. The chapter says, "All Qi oppression and stagnation is subordinate to Lung" (諸氣膹鬱皆屬於肺), and "Wind, trembling and dizziness are all subordinate to the Liver" (諸風掉眩皆屬於肝). Thus, post-stroke hemiplegia and numbness in the four limbs in Chinese medicine relates to dysfunction especially of this circulation of qi in the channels and network vessels related to the Lung's ability to govern qi and the Liver's governance of free coursing. Therefore, these indications for the Wu Ling points are very easy to understand. When hemiplegia or hypertension result from internal wind and heat upstirring, these points are also effective.

Figure 10.2 Wu Ling

Figure 10.3 Bleeding Wu Ling

Figure 10.4 Shuang Feng

Figure 10.5 San Jiang

Shuang Feng (Double Phoenixes) 雙鳳穴

Location: Bilaterally, 1.5 cun lateral to the Du Mai, at the level of the spinous processes from T2 to T8 [14 points total] (Figure 10.4)

Overlapping points: Shuang Feng points overlap Feng Men (BL-12) through and including Ge Shu (BL-17), and Yi Shu (M-BW-12)

Indications: Pain in the extremities, numbness in the extremities, arteriosclerosis

Discussion: In Tung's acupuncture these points are all related to the Fire phase. Thus, they are related to the Heart and therefore blood. Bleeding these points has the effect of quickening the blood in the network vessels of the distal extremities.

San Jiang (Three Rivers) 三江穴

Location: The **first line of points** consists of one point below each spinal vertebra from L1 to S2; the **second line of points** is located bilaterally, 3 cun lateral to the spine, with points at the levels of vertebrae L2 to S2 [19 point group] (Figure 10.5)

Overlapping points: San Jiang points overlap Ming Men (Du-4), Yao Yang Guan (Du-3), Zhi Shi (BL-52), and Bao Huang (BL-53)

Indications: Lumbar pain, uteritis, amenorrhea, chest pain on breathing, acute enteritis; second line of points (i.e., those located 3 cun lateral to the spine) are also used to treat arm pain, elbow pain, shoulder pain

Discussion: These points are mostly related to the Water phase and Kidney, and what Tung called the "Six Fu." The "Six Fu" is most likely a reference to the organs in the abdominal cavity, as reading the indications and the traditional names for these points clearly relates them to diseases of the intestines and uterus. Generally speaking, the *San Jiang* points are mostly bled for local and

adjacent conditions. Aside from that, the lines of points 3 cun lateral to the spine are used to treat problems of the upper extremities. In addition to the classical indications given above these points are effective for sciatica.

Chong Xiao (Rushing to Heaven) 沖霄穴

Location: Beneath the spinous processes of S3, S4, and S5 (Figure 10.6)

Overlapping Points: Yao Shu (Du-2)

Indications: Headache, dizziness, neck pain

Discussion: These points use the lower end of the Du Mai to treat conditions of the upper part of the Du Mai, hence the name Rushing to Heaven. This is similar to the modern use of points like Ren Zhong (Du-26) to treat lumbar pain (i.e., using the upper part of the Du Mai to treat the lower part). Since bloodletting can both quicken blood and clear heat, bleeding these points is appropriate for conditions of the head and neck from either blood stasis or heat patterns.

Minor Point Groups on the Posterior Trunk

In addition to the five major point groups on the posterior trunk there are eight minor point groups that I refer to as "minor point groups," as they are smaller point couplings found within the five larger groups described above. All of these minor groups simply demonstrate specific functions of the broader indications of the five major

groups.

Jiu Hou (Nine Monkeys) 九猴穴

Location: 9 point bilateral group (i.e., for a total of 18 points); located at Feng Men (BL-12), Fei Shu (BL-13), Jue Yin Shu (BL-14), Fu Fen (BL-41), Po Hu (BL-42), Gao Huang Shu (BL-43); also includes a point 3 cun lateral to T1, 6 cun lateral to T2, and 6 cun lateral to T3

Indications: Scarlet fever, phlegm stuck in the bronchia that cannot be expelled

Discussion: The Jiu Hou points are all related to the Heart and Lungs, and thus primarily treat heat in the upper burner.

Figure 10.6 Chong Xiao

San Jin (Three Metals) 三金穴

Location: 3 point group bilaterally; located at Po Hu (BL-42), Gao Huang Shu (BL-43) and Shen Tang (BL-44)

Indications: Knee pain

Discussion: These points are famous in Tung's acupuncture for the treatment of knee pain, and they are especially useful for the treatment of chronic knee pain.

Jing Zhi (Essence Branch) 精枝穴

Location: 2 point group bilaterally; located 6 cun lateral to T2, and 6 cun lateral to T3

Indications: Swelling and pain of the lower legs, sour pain in the lower legs (i.e., ongoing soreness, *suan tong* 酸痛)

Ding Zhu (Capital) 頂柱穴

Location: 11 point group bilaterally (22 points in total); one point each located 3 cun lateral to T4 through T9 (for 6 points), and one point each located 6 cun lateral to T4 through T8 (for 5 points)

Overlapping points: Gao Huang Shu (BL-43), Shen Tang (BL-44), Yi Xi (BL-45), Ge Guan (BL-46), Hun Men (BL-47)

Indications: Lumbar pain (especially associated with arteriosclerosis), acute back sprain, chest pain upon breathing

Discussion: The name "capital" refers to the architectural term that means the uppermost part of a column or pillar. This name is a reference to the points' ability to treat pain in the back. When pain is resolved the back can function as a strong pillar that holds the body upright.

Hou Xin (Behind the Heart) 後心穴 also known as Bei Xin (Back of the Heart) 背心穴

Location: The **first line** is located in the space under the

spinous processes of T4 through and including T9; the **second line** is located bilaterally 1.5 cun lateral to the spaces under T4 through and including T7; the **third line** is located bilaterally, 3 cun lateral to the spaces under T4 through and including T6 [20 points in total]

Overlapping points: Shen Dao (Du-11), Ling Tai (Du-10), Zhi Yang (Du-9), Ba Zhui Xia (M-BW-11), Jin Suo (Du-8), Jue Yin Shu (BL-14), Xin Shu (BL-15), Du Shu (BL-16), Ge Shu (BL-17), Gao Huang Shu (BL-43), Shen Tang (BL-44), Yi Xi (BL-45)

Indications: Wool-like furuncles, clove sores, weakness and debility of the Heart zang, stomach diseases, acute heart disease leading to numbness and paralysis, wind-cold entering the interior, severe common cold, stroke, acute externally contracted heat diseases that manifest with papules

Discussion: Wool-like furuncles are known as *yang mao sha* (羊毛痧) or *yang mao ding* (羊毛疔). This is a type of carbuncle or boil that is filled with copious white pus, or pussy substance that resembles hair or wool. Wool-like furuncles are associated with other systemic symptoms such as high fever, nausea, and vomiting (see Picking Therapy in Chapter 6 for a more detailed discussion). This type of surgical technique, while once commonly practiced by traditional physicians, should in modern times be referred to a licensed dermatologist or infectious

disease specialist depending on scope of practice regulations in individual jurisdictions.

The rest of these indications show that these points have several functions. First, since they are located on the Du Mai and the Tai Yang Bladder channels, they can clear heat and resolve the exterior. In particular they can clear heat from both the Heart and the Lung. They also quicken blood in the Heart so as to allow it to return to normal function.

The *Zhi Zhen Yao Da Lun* (Comprehensive Discourse on the Essentials of the Most Reliable, *Su Wen*, Chapter 74) says, "All pain, sores and itching are subordinate to the Heart" (諸痛瘡癢皆屬於心). The points in the group mostly relate to the Heart zang, and as such can be effective in treating more severe dermatological disorders such as the different types of sores listed in the indications.

Gan Mao San (Common Cold Three) 感冒三穴

Location: 3 point group; located at Tao Dao (Du-13) and bilateral Po Hu (BL-42)

Indications: Severe cases of the common cold due to wind evils entering the interior, contraction of summerheat

Discussion: Tao Dao (Du-13) is indicated for conditions such as malaria or chills and fever. It can be used to clear heat and expel wind evils. Po Hu (BL-42) is at the level of

the Lung back shu point. Likewise, it is indicated for conditions related to exterior contracted disease evils such as aversion to cold and cough. Po Hu (BL-42) is clinically used for more serious conditions of the Lungs, and as such is similar to the indication of "severe colds with wind evils entering the interior."

Shuang He (Double Rivers) 雙河穴

Location: 12 points bilaterally; each point 3 cun lateral to the spine, at the levels of L2 through and including S2

Overlapping points: Zhi Shi (BL-52), Bao Huang (BL-53)

Indications: Pain in the upper extremities, pain and lack of strength in the upper back and shoulders

Discussion: These points exhibit a characteristic feature of Tung's acupuncture, namely that of holographic correspondences exploited for therapeutic effect. In Tung's acupuncture analogous joints mirror each other—namely the wrists/ankles, elbows/knees, and shoulders/hips. Therefore, points on the wrist for example can treat dysfunction of the ankles, and vice versa. The Shuang He points therefore are an example of using the points near the lumbar area and hip to treat dysfunction of the upper back and shoulder.

Point Groups on the Anterior Trunk

Unlike the points on the posterior trunk, the anterior trunk

points mainly treat local or adjacent disease presentations. There are a total of five point groups on the anterior trunk, the Hou E Jiu (Tonsillitis Nine 喉蛾九穴), Shi Er Hou (Twelve Monkeys 十二猴穴), Jin Wu (Metal Five 金五穴), Wei Mao Qi (Stomach Hair Seven 胃毛七穴), and Fu Chao Er Shi San (Bowel Nest Twenty Three 腑巢二十三穴).

Hou E Jiu (Tonsillitis Nine) 喉蛾九穴

Location: 9 point group. The **first line** has the center point located at the superior thyroid notch of the thyroid cartilage, and then 1 point each to the right and left 1.5 cun from the center point. The **upper line** of three points is 1 cun superior to the first and similarly spaced, and the **lower line** is 1 cun inferior to the first and similarly spaced (Figure 10.7)

Indications: Tonsillitis, throat pain, thyroiditis, throat itching, phlegm obstructing the throat

Discussion: The name of these points literally is "Throat Moth," although that term in Chinese is simply translated as tonsillitis. Caution must be used on these points not to injure the thyroid cartilage. The best technique for these points is to pinch up the skin and then prick to bleed. Alternatively, gua sha can first be performed over the area with the therapist's fingers, and then the skin can be pinched up and bled.

Figure 10.7 Hou E Jiu

Figure 10.8 Shi Er Hou

Shi Er Hou (Twelve Monkeys) 十二猴穴

Location: 12 point group total; a group of six points parallel to the right clavicle and a 6 point group parallel to the left clavicle, on the chest. The **first line** is 3 points parallel to the clavicle, 1 point in the center and 1 point each to the right and left 1.5 cun from the center point. The **second line** is below the first, 1.3 cun inferior and equally spaced as the superior line (Figure 10.8)

Indications: Scarlet fever, asthma, severe common cold,

sudden turmoil (霍亂), incessant diarrhea

Discussion: The term for scarlet fever in Chinese is *hou sha* (喉痧), or throat sha (this is the same "sha" as in gua sha). The word for monkey *hou* (猴) is a homophone for throat *hou* (喉). In the author's experience, many patients with chronic asthma will show small spider nevi in this area of the chest. In these cases they are appropriate to bleed.

Figure 10.9 Jin Wu

Jin Wu (Metal Five) 金五穴

Location: 5 point group located on the sternal midline (i.e., on the Ren Mai). The first point is located at the upper border of the manubrium, and each successive point is located on the midline 1 cun inferior to the previous one.

Indications: Sudden turmoil (霍亂), ribside pain, indigestion, dyspnea, acute exterior heat conditions resulting in eruptions or rashes (e.g., measles) (Figure 10.9)

Discussion: In Tung's acupuncture each of these points is given a traditional name. They are, from superior to inferior, Jin Gan (金肝), Jin Yin (金陰), Jin Yang (金陽), Jin Zhuan (金轉), and Jin Jiao (金焦). Notably, all the points are named *jin*—Metal. The Jin Wu points share in common many indications for classical acupuncture points in the same location. For example, Xuan Ji (Ren-21) is an important point for treatment of digestive disorders such as indigestion. Hua Gai (Ren-20) treats ribside pain. Zi Gong (Ren-19) and Yu Tang (Ren-18) treat vomiting and difficult digestion. Likewise the classical points in this region all treat difficulty in breathing.

Wei Mao Qi (Stomach Hair Seven) 胃毛七穴

Location: 7 point group located along 3 lines. Three

points on the midline; the first point is located at the tip of the xyphoid process, the second and third points are 1 and 2 cun respectively inferior to the first. Bilaterally, 1.5 cun from the midline are 2 points level with the inferior 2 points on the midline (Figure 10.10)

Indications: Wool-like furuncles, stomach diseases, stomach bleeding, enteritis, palpitations, various types of sudden turmoil (霍亂)

Discussion: This group of points is in the area of the luo-network vessel of the Ren Mai, and according to the *Jing Mai* (On the Channels and Vessels, *Ling Shu*, Chapter 10) the main symptom of repletion in that vessel is abdominal pain. See the discussion of Hou Xin (Behind the Heart 後心穴) above, and Picking Therapy (Chapter 6) for description of wool-like furuncles and their treatment.

Figure 10.10 Wei Qi Mao

Figure 10.11 Fu Chao Er Shi San

Fu Chao Er Shi San (Bowel Nest Twenty Three) 腑巢二十三穴

Location: 23 point group; located on the abdomen arranged in a grid shape with 1 cun between each of the points. No point at the navel (Figure 10.11)

Indications: Uteritis, nephritis, umbilical area pain,

enteritis, appendicitis, intestinal cancers

Bloodletting Zones of the Trunk and Lower Limbs

The classical trunk points described above were included in Tung's own writings and clinical practice. In addition to these classical points, later generations of Tung lineage teachers and authors have developed alternative trunk zones to simplify the point selection process (Hu 1998; Li 2011a). These zones are arranged similarly to the arrangement of the back shu points. Since bloodletting is most effective when visible surface changes or palpatory tissue changes reveal treatment locations (i.e., rather than simply choosing a classical point location), the application of bleeding to these zones is very effective when such changes are present.

Additionally, Tung lineage practitioners have developed bloodletting zones on the lower extremities (Hu 1998; Li 2011a). In Tung's acupuncture, the points in zones 7 and 8, namely the points on the lower and upper legs, are considered to be the most effective points on the body for chronic, recalcitrant diseases (McCann and Ross 2013). Since bloodletting is used to treat blood stasis, and chronic diseases relate to blood stasis, it is understandable why this area of the body is so important for bloodletting. When a patient presents with disease in a

particular organ or location of the body, the corresponding leg zone is inspected for visual or palpatory signs of blood stasis. If any are found, the site is bled for treatment.

Bloodletting Regions on the Posterior Trunk

Posterior Head and Neck Zone 後頭頸項區

Location: On the posterior neck from the external occipital protuberance down to the level of C7 (Figure 10.12)

Indications: Tightness and pain of the neck, fever, cervical bone spurs, aching and pain of the shoulder, swollen and sore eyes, hypertension, headache, nausea and vomiting, upset stomach, chest oppression, dizziness, sore throat, stroke, hemiplegia, pediatric fever

Figure 10.12 Zones of the Back

Posterior Back Heart and Lung Zone 後背心肺區

Location: On the posterior upper back from T1 down to the level of T5–6 (Figure 10.12)

Indications: Severe common cold, chills and fever, sudden turmoil (霍亂), chest pain, chest oppression, back pain, enlarged heart, nausea and vomiting from externally contracted disease evils, mental illness, bone spurs, coronary heart disease, shortness of breath, asthma, eye diseases, myocardial infarction

Posterior Back Liver Zone 後背肝區

Location: On the posterior upper back from T5–6 down to the level of T8–9 (Figure 10.12)

Indications: Hepatitis, liver cirrhosis, splenomegaly, vertebral bone spurs, nausea and vomiting, aching and pain in the back, acute gastritis, intercostal neuralgia

Lumbar Spleen and Stomach Zone 腰背脾胃區

Location: On the posterior middle back from T8–9 down to the level of T11–12 (Figure 10.12)

Indications: Indigestion, distension of the stomach and intestines, acute gastroenteritis, splenomegaly, mid-back pain, bone spurs

Lumbar Kidney Water Zone 腰背腎水區

Location: On the posterior lower back from T12 down to the level of L5 (Figure 10.12)

Indications: Lumbar sprain, irregular menstruation, uteritis, oophoritis, albuminuria, cystitis, lumbar pain with frequent urination, red and white vaginal discharge, pyelonephritis, nephritis, edema, nocturnal emission, shortness of breath, enteritis, bone spurs, Kidney vacuity patterns, diabetes, impotence, inhibited urination, constipation, swelling and pain of the eyes, sciatica

Buttocks and Ischial Zone 臀部坐骨區

Location: On the area over the sacrum down to the coccyx

(Figure 10.13)

Indications: Lower lumbar sprain, buttock pain, coccygeal pain, irregular menstruation, oophoritis, uteritis, enlarged prostate, sciatica, brain swelling, leg pain, headache

Figure 10.13 Buttocks and Ischial Zone

Figure 10.14 Shoulder and Scapula Zones

Double Side of the Shoulders Zone 雙側肩背區

Location: On the posterior upper back, over the area of the trapezius muscle, down to the supraclavicular fossa (Figure 10.14)

Indications: Headache, dizziness, shoulder aching and

pain, neck pain, frozen shoulder (i.e., 50-year shoulder 五十肩), pain and numbness of the arms and legs, heel pain, swelling and aching of the eyes, poor eyesight

Scapula Arm and Leg Zone 肩胛手足區

Location: Over the scapulae, from the level of T2 down to T9 (Figure 10.14)

Indications: Pain in the upper or lower extremities, numbness of the upper or lower extremities, internal wind during the postpartum period, injury of the leg, pain in the lateral lower leg, pain of the knee joint, arteriosclerosis in the four limbs

Bloodletting Regions on the Anterior Trunk

Anterior Head and Neck Zone 前頭頸項區

Location: On the anterior neck, overlapping the Hou E Jiu (Tonsillitis Nine 喉蛾九穴;
see above) (Figure 10.15)

Indications: Tonsillitis, bronchitis, thyroiditis, laryngitis, diseases of the vocal cords, asthma, itchy throat, throat pain, phlegm that is difficult to expectorate

Figure 10.15 Anterior Trunk Zones

Anterior Chest Upper Jiao Zone 前胸上焦區

Location: On the chest down to the level of the xyphoid process, overlapping Shi Er Hou (Twelve Monkeys 十二猴穴) and Jin Wu (Metal Five 金五穴; see above) (Figure 10.15)

Indications: Asthma, tonsillitis, sudden turmoil (霍亂), bronchitis, ribside pain, chest pain, Heart or Lung diseases

Discussion: This area of the chest also covers Xu Li (虛理), the Great Luo of the Stomach discussed in the *Ping Ren Qi Xiang Lun* (Treatise on the Image of Qi in a Balanced Person, *Su Wen*, Chapter 18).

Upper Abdomen Middle Jiao Zone 上腹中焦區

Location: On the upper abdomen from the lower border of the ribs down to the level of the umbilicus, overlapping Wei Mao Qi (Stomach Hair Seven 胃毛七穴), and the upper part of Fu Chao Er Shi San (Bowel Nest Twenty Three 腑巢二十三穴; see above). (Figure 10.15)

Indications: Indigestion, ribside pain, stomach diseases, enteritis, palpitations, pancreatic diseases, hiccough, hepatitis

Lower Abdomen Lower Jiao Zone 下腹下焦區

Location: On the lower abdomen from the level of the umbilicus and inferior; overlapping the lower portion of Fu Chao Er Shi San (Bowel Nest Twenty Three 腑巢二十三穴; see above) (Figure 10.15)

Indications: Disorders of the intestines, uteritis, nephritis, gynecological disorders, diseases of the urinary system

Bloodletting Regions on the Lower Extremities

Ear Zone 耳區

Location: The ear zone is located around the lateral malleolus

Indications: It is bled to treat diseases of the ear, including, tinnitus, deafness, earache, otitis externa or media, otorrhea, etc. (Figure 10.16)

Figure 10.16 Ear Zone

Figure 10.17 Lung Zone

Figure 10.18 Mouth and Tooth Zone

Lung Zone 肺區

Location: The Lung region is located on the lateral leg. It extends from the area lateral to Zu San Li (ST-36) down to about 3 cun above the lateral malleolus

Indications: It is bled to treat disorders of the lungs and upper jiao, including pneumonia, asthma, bronchitis, chronic obstructive pulmonary disorders, chest pain, pulmonary edema, dyspnea, arrhythmias, etc. (Figure 10.17)

Mouth and Tooth Zone 口齒區

Location: The mouth and tooth zone is located on the lateral knee superior to the Lung zone

Indications: It is bled to treat diseases of the mouth, teeth and gums, including toothache, oral cancers, stomatitis, oral herpes lesions, etc. (Figure 10.18)

Lateral Head Zones 偏頭區

Location: There are temporal zones on both the medial and lateral aspects of the foot and ankle

Indications: These zones are bled to treat conditions such as migraine, temporal headaches, dizziness, hypertension, temporomandibular joint disorders or pain, etc. (Figure 10.19)

Figure 10.19 Lateral Head Zones

Frontal Head Zone 前頭區

Location: The frontal head zone is located on the dorsum of the foot

Indications: It is bled to treat frontal headache, vertex headache, panic disorders, amnesia, dementia, dizziness, duodenal or peptic ulcers, etc. (Figure 10.20)

Figure 10.20 Frontal Head Zone

Figure 10.21 Stomach Zone

Stomach Zone 胃區

Location: The Stomach zone is located on the anterior ankle superior to the frontal head zone

Indications: It is bled to treat abdominal pain, gastric ulcers, indigestion, stomach cancers, esophageal spasms, disorders of the larynx, wheezing, hiatal hernia, glomus lump (i.e., Xie Xin Tang pattern glomus presentations), etc. (Figure 10.21)

Heart Zone 心區

Location: The Heart zone is located on the anterior lower leg from the knee down to just above the ankle over the leg

Yang Ming channel. Some Taiwanese authors call this the "Lower Leg Yang Ming Zone" (小腿陽明區)

Indications: It is bled to treat weakness of the Heart zang, cardiovascular disease, palpitations, chest pain, angina, arrhythmias, pulmonary edema, congestive heart failure, disorders of the eye due to Heart patterns, etc. (Figure 10.22)

Figure 10.22 Heart Zone

Figure 10.23 Liver Zone

Figure 10.24 Kidney Zone

Liver Zone 肝區

Location: The Liver zone is on the anterior lower leg starting about 2 cun inferior to the knee in part of the Heart zone

Indications: It is bled to treat Liver depression, qi stagnation, ribside pain, and supraorbital pain (Figure 10.23)

Kidney and Bladder Zone 腎膀胱區

Location: The Kidney and Bladder zone is located on the medial lower leg from Yin Ling Quan (SP-9) down to just above the ankle

Indications: It is bled to treat disorders of the lower abdomen including lower abdominal distension, gynecological disorders, disorders of the male urogenital system, etc. (Figure 10.24)

Occipital Zone 後頭區

Location: The occipital zone is on the posterior lower leg extending up to about 4 cun above the popliteal fossa. It includes the commonly bled Wei Zhong (BL-40) area

Indications: This is one of the most commonly bled areas of the body, and it is used for a wide variety of disorders such as headache, back pain, neck pain or tightness, enteritis, hemorrhoids, impediment of the lower extremities, degenerative disc diseases of the spine,

hypertension, wind stroke, post-polio syndrome, strangury, measles, etc. (Figure 10.25)

Anterior Thigh Zone 大腿股前區

Location: The anterior thigh zone is located on the anterior thigh superior to the knee joint

Indications: It is bled to treat hemiplegia, gynecological diseases, dermatological diseases, and disorders of the thigh (Figure 10.26)

Posterior Thigh Zone 大腿股後區

Location: The posterior thigh zone is located from the crease of the buttocks down to about 4 cun above the bend at the back of the knee

Indications: It is bled to treat sciatica, lumbar pain, upper back pain, headache, hemorrhoids, and pain of the lower extremities (Figure 10.27)

Figure 10.25 Occipital Zone

Figure 10.26 Anterior Thigh Zone

Figure 10.27 Posterior Thigh Zone

Tung's Classical Bloodletting Points on the Extremities

Aside from the points and zones on the trunk that are used for bloodletting, many of Tung's extra points are commonly bled. These points are distributed on both the upper and lower extremities. While many of these points are typically treated with fine needle acupuncture, some are exclusive bloodletting points. Presented here are some of the most commonly bled points on the extremities with their indications that are specific to bleeding therapy (although some may be needled for other indications). For a more in-depth look at Tung's points please see McCann

and Ross (2013).

11.13 Dan (Gallbladder) 膽穴

Location: 2 point group; radial and ulnar to the midpoint of the dorsal proximal phalanx of the middle finger at the margin of the phalangeal bone

Indications: Palpitations, children crying at night, hysteria

11.26 Zhi Wu (Control the Dirty) 制污穴

Location: 3 point group; evenly distributed on the midline of the dorsal proximal phalanx of the thumb

Indications: Abscess, poor wound healing, decubitus ulcerations

Discussion: This point is a point that is only bled. Fine needle acupuncture is not applicable.

Case Study: Non-Healing Wound

A 78-year-old patient presented to my office after having injured her right lateral malleolus three weeks prior, to an extent that an ulceration had developed. This was complicated by cardiovascular disease that made the ulceration recalcitrant to treatment, and, furthermore, it caused excruciating pain. The patient had difficulty walking and had reduced range of movement as a result of the wound. She was using prescription topical medications, but these did not help with the pain.

Treatment consisted of bleeding Zhi Wu (11.26) on the ipsilateral thumb, and each time this was done her pain reduced almost immediately. Over the course of about ten regular treatments, the combination of the Western topical medication with the bloodletting affected a total cure of the area.

33.16 Qu Ling (Curved Mound) 曲陵穴

Location: In the cubital fossa, lateral to the biceps brachii tendon; overlaps Chi Ze (LU-5)

Indications: Digestive disorders, cardiovascular disease, pain of the upper extremities, asthma

44.07 Bei Mian (Back Face) 背面穴

Location: In the depression just below the acromion, on the Large Intestine channel

Indications: Fatigue, leg pain, vomiting, enteritis

44.16 Shang Qu (Upper Curve) 上曲穴

Location: On the lateral aspect of the upper arm, 1 cun horizontally lateral (posterior) to the midpoint of the deltoid muscle

Indications: Liver diseases (cirrhosis)

44.17 Shui Yu (Water Curve) 水愈穴

Location: 1 cun superior to and 2 cun posterior to the

midpoint of the deltoid muscle

Indications: Kidney diseases, wrist pain, and arm pain

77.09 Si Hua Zhong (Middle Four Flowers) 四花中穴

Location: On the Stomach channel; 4.5 cun distal to Zu San Li (ST-36), 0.5 cun proximal to Tiao Kou (ST-38)

Indications: Cardiovascular diseases, arteriosclerosis, stomachache, bony swelling, frozen shoulder

77.10 Si Hua Fu (Four Flowers Append) 四花副穴

Location: On the Stomach channel; 2.5 cun distal to 77.09 Si Hua Zhong (see above)

Indications: Cardiac diseases, arteriosclerosis, stomachache, enteritis

77.14 Si Hua Wai (Outer Four Flowers) 四花外穴

Location: On The Stomach channel; 1.5 cun lateral to 77.09 Si Hua Zhong (see above); close to Feng Long (ST-40)

Indications: Migraine, ear pain, shoulder or arm pain, sciatica, instep/sole pain, hypertension, cardiovascular diseases, digestive disorders, psycho-emotional disorders

77.15 Shang Chun (Upper Lip) 上唇穴

Location: On the Stomach channel at the lower lateral edge of the patella; at Du Bi (ST-35)

Indications: Lip pain, mouth ulcerations (stomatitis), vitiligo around the mouth or genitals

77.16 Xia Chun (Lower Lip) 下唇穴

Location: On the Stomach channel; 1 cun distal to the lower lateral edge of the patella; 1 cun distal to 77.15 Shang Chun (see above)

Indications: Lip pain, mouth ulcerations (stomatitis), vitiligo around the mouth or genitals (i.e., same as 77.15 Shang Chun)

99.07 Er Bei (Back of Ear) 耳背穴

Location: 0.3 cun below the middle transverse line of the back of the ear (i.e., about the midpoint of the posterior ear)

Indications: Laryngitis, tonsillitis, acne, migraine, conjunctivitis

99.08 Er San (Ear Three) 耳三穴

Location: 3 point group located along the outer edge of the helix and ear lobe; (1) at the apex; at the tip of the fold when the ear is bent toward the tragus; (2) at the outer midpoint of the helix; and (3) at the most inferior point of the ear lobe

Indications: Common cold, diarrhea, migraine, tonsillitis

1010.07 Zong Shu (Chief Pivot) 總樞穴

Location: 0.8 cun above the posterior hairline, on the Du Mai close to Feng Fu (Du-16)

Indications: Vomiting, aphasia, neck pain, palpitations, sudden turmoil (霍亂)

Discussion: This point overlaps the area and function of Qi Xing (Seven Stars 七星穴;
see above)

1010.09 Shang Li (Upper Mile) 上里穴

Location: 0.2 cun above the medial corners of the eyebrow on the Bladder channel, overlaps with Zan Zhu (BL-2)

Indications: Headache, blurry vision, dizziness

1010.10 Si Fu Er (Four Bowels 2nd Point) 四腑二穴

Location: 0.2 cun above the center of the eyebrow, close to, or overlapping with, Yu Yao (M-HN-6)

Indications: Blurry vision, headache, acute abdominal distension

1010.11 Si Fu Yi (Four Bowels 1st Point) 四腑一穴

Location: 0.2 cun above the lateral end of the eyebrow on the San Jiao channel, overlaps with Si Zhu Kong (SJ-23)

Indications: Blurry vision, headache, acute abdominal distension

1010.12 Zheng Ben (Upright Root) 正本穴

Location: At the tip of the nose on the Du Mai channel, overlaps with Su Liao (Du-25)

Indications: Rosacea, psychosis

CHAPTER 11

Treatment of Compound Patterns with Bloodletting and Acupuncture

In Chinese medicine, treatment is based on both disease and pattern diagnosis. Any time therapy is applied, whether it is herbal medicine, acupuncture, moxibustion, or bloodletting, the provider should have a clear idea of the pattern of disharmony causing the disease manifestation. Previously in this book, bloodletting as a therapeutic intervention, especially related to blood stasis patterns, has been looked at almost as if it were to be applied in a vacuum or as a monotherapy. However, clinicians will most likely utilize bloodletting alongside other interventions.

Since I believe that bloodletting is especially relevant to the acupuncture provider, I will describe the treatment of compound pattern combinations with bloodletting, acupuncture and moxibustion. The writings of Yan De Xin (1995) and his approach to treating blood stasis with herbal medicine inspired me to identify guidelines for seven clinical approaches using bloodletting along with acupuncture and moxibustion, based on a clear differentiation of pattern syndromes. This systematic

approach to bloodletting therapy is based on my own clinical experience.

In the section that follows I give a brief theoretical overview of each clinical approach, along with treatment protocols. In the treatment sections I recommend points that help treat the pattern of disharmony and then give suggestions for areas to bloodlet. In many cases, such as in the treatment of pain, bloodletting can be applied as a type of local treatment; this is especially so when it is applied as a form of diffuse pricking. Bloodletting can also be applied directly on the diseased channel (e.g., one can bloodlet the jing-well point of any channel to quicken blood or clear heat from that channel). Additionally, bloodletting can be performed distal to the site of disease. Table 11.1 describes areas I recommend for bloodletting arranged by the target areas they treat (that is, when a disease is located in a certain area, refer to Table 11.1 to determine possible distal areas to bloodlet).

Table 11.1 Areas to Bleed Based on Location or Nature of Disease

Disease location	*Treatment areas for bloodletting*
Head (including local pain, stroke, post-stroke sequelae, poor memory, etc.)	Wei Zhong (BL-40) area (i.e., Tung's Occipital Zone), *Chong Xiao* (Rushing to Heaven), other Tung's Zones on the lower limb based on location of disease (e.g., Tung's Frontal or Lateral Head Zones, or Ear Zone)

Oral cavity	Tung's Mouth and Tooth Zone
Chest/Lung (asthma, coughing, common cold, etc.—diseases of the Lung zang)	Anterior Chest Upper Jiao Region, Posterior Back Lung and Heart Zone, Leg Lung Zone, cubital fossa
Chest/Heart (angina, chest pain, diseases of the Heart zang)	Anterior Chest Upper Jiao Region, Posterior Back Lung and Heart Zone, Leg Heart Zone, cubital fossa
Upper abdomen/Spleen/Stomach	Upper Abdomen Middle Jiao Zone, Lumbar Spleen and Stomach Zone, Stomach channel on the lower leg, Tung's Stomach Zone
Liver zang	Tung's Liver Zone, Wei Qi Mai (Stomach Hair Seven), Posterior Back Liver Zone
Kidney zang and lower jiao (including diseases of the reproductive organs, leukorrhea, lumbar pain, sciatica, prostate disease, pain in the lower extremities, etc.)	Lumbar Kidney Water Zone, sacrum, Tung's Kidney and Bladder Zone, Lower Abdomen Lower Jiao Zone
Diseases of the upper extremities	Cubital fossa, Shuang Feng (Double Phoenixes), jing-well point of most affected channels
Diseases of the lower extremities	Popliteal fossa, Shuang Feng (Double Phoenixes), jing-well point of most affected channels; bloodlet Ran Gu (KD-2) area for plantar fasciitis
Diseases of the knees	San Jin (Three Metals)
Diseases of the lumbar region	Wei Zhong (BL-40) area, sacrum, *San Jiang* (Three Rivers), *Ding Zhu* (Capital)
Dermatological disorders	Wei Zhong (BL-40) area and Zhi Wu

	(11.26)
Generalized Heat patterns	Four Bends Combination, all jing-well points, Eight Gates Great Puncturing, Er Jian (M-HN-10), Da Zhui (Du-14), Qu Chi (LI-11)
Generalized qi stagnation and blood stasis (without disease that can be generally localized in one region of the body)	Four Bends Combination, Tiao Kou (ST-38) and Feng Long (ST-40) region
Generalized phlegm patterns	Tiao Kou (ST-38) and Feng Long (ST-40) area

Aside from these distal bloodletting areas, one may choose other areas or points as described previously in the chapters on commonly bled points, commonly bled point categories and combinations, or Tung's acupuncture.

Treatment Methods for Complex Patterns

1. Rectifying the Qi and Quickening Blood Method

Qi stagnation and blood stasis are commonly seen together since "qi is the commander of blood" and "blood is the mother of qi." The Liver is in charge of coursing and discharge. When the Liver fails in this function, movement of both qi and blood are impaired. In order to better treat blood stasis one can rectify the qi, and in cases of long-standing qi stagnation, blood stasis develops and must also be treated. Therefore, clinically this means that blood

stasis patterns are treated better by additionally performing acupuncture on the diseased channel to move channel qi, or in some cases, performing acupuncture to generally course Liver and rectify the qi.

Signs and symptoms indicating this method include generalized tension, depression, emotional lability or irascibility, irregular menstrual cycles, premenstrual breast distension, ribside distension, or pain in the chest. These all show Liver binding and depression. These symptoms will be combined with manifestations of blood stasis.

TREATMENT PRINCIPLE

Course Liver, rectify qi, quicken blood, eliminate stasis.

TREATMENT METHOD

Bloodlet areas related to target the area of complaint (e.g., bleed areas that quicken blood in the area of disease; see Table 11.1), or bleed the diseased channel at the jing-well or other appropriate points. Bloodletting can also be applied locally in some situations. *Acupuncture* is applied to the affected channels (e.g., in cases of pain needle the shu-stream point or the xi-cleft point of the diseased channels), or to points that systemically course Liver or rectify qi—He Gu (LI-4), Tai Chong (LIV-3), Wai Guan (SJ-5), Yang Ling Quan (GB-34). For generalized qi

stagnation and blood stasis without specific diseased areas, *needle* points that course the Liver such as He Gu (LI-4) and Tai Chong (LIV-3). *Bloodlet* the cubital and popliteal fossae (i.e., Four Bends Combination).

CASE

A 24-year-old presented to my clinic with a chief complaint of pain in the left costal region following a rib fracture of one-year prior. He complained of sharp pain on stretching or with deep breaths, but otherwise had only a dull distended sensation. He was diagnosed with ribside pain due to qi stagnation and blood stasis, and during his first treatment he was needled at contralateral Wai Guan (SJ-5) and Zhi Gou (SJ-6), and ipsilateral Yang Ling Quan (GB-34), with the application of a blood quickening, channel warming herbal poultice (*gao*) locally. When he returned for his second treatment there was little improvement. The same acupuncture points were needled but bloodletting was applied to visible spider nevi local to the area of pain and at the ipsilateral Yang Ling Quan (GB-34). After this treatment there was an immediate change in the pain. Subsequent treatments followed the same protocol and within a total of five treatments the patient reported complete amelioration of symptoms.

DISCUSSION

In this case the initial treatment focused on coursing qi in the diseased region, yet there was little immediate effect. The reason for this lack of effect was because, in addition to qi stagnation in the channels, there was also blood stasis lingering from the original injury as well as from the long-standing qi stagnation in the costal region. Once bleeding was added to the treatment protocol there was an immediate change in symptoms, and eventually only five treatments completely resolved a disease of one-year's duration.

2. Scattering Cold and Quickening Blood Method

Cold may induce blood stasis, as cold congeals by nature. Bloodletting quickens blood, but it is unable to warm the channels (to the contrary bloodletting has more of a cooling effect on the body). When a patient has internal cold combined with blood stasis, warming methods combined with bloodletting will significantly speed amelioration of symptoms and recovery.

This method is especially applicable to painful impediment (*tong bi* 痛痹), and is analogous to the herbal strategy for treating network vessels known as "acrid and warm free the network vessel method" (*xin wen tong luo fa* 辛溫通絡法) (Yi 1996). It can be applied also to treat gynecological conditions where there is cold in the uterus (e.g., painful menstruation, irregular menstruation,

infertility, or uterine masses). Symptoms will include fixed intense pain which is better with warmth, a pale swollen tongue with white coating, pale complexion, possible palpable masses, visible spider nevi, and a pulse that is deep and tight.

TREATMENT PRINCIPLE

Warm the channels, expel cold, quicken blood, expel stasis.

TREATMENT METHOD

Bloodlet distally based on target area or diseased channels (e.g., the sacrum or Zhao Hai KD-6 region for gynecological disorders,[12] or popliteal fossa for posterior pain conditions—see Table 11.1). Apply *moxibustion* or *TDP Lamp* to local areas. For gynecological conditions the topical application of heated herbs (such as Xiao Hui Xiang) is also helpful. For patients with general internal cold apply *moxibustion* or *TDP Lamp* to the lower back or lower abdomen.

3. Clearing Heat and Transforming Stasis Method

Heat leads to stasis by drying the blood. Bloodletting has the dual function of quickening the blood and clearing heat, so by itself it can accomplish both branches of this treatment method. In some cases, however, depending on

the severity of heat, it will be necessary to apply additional treatment to more systemically clear heat. In these cases, patients manifest with blood stasis signs and symptoms, as well as heat symptoms such as redness and swelling, palpable sensation of heat on various areas of the body, heat effusion, facial flushing, insomnia, restlessness, red tongue with possible yellow coating, and a rapid pulse.

TREATMENT PRINCIPLE

Clear heat, transform stasis.

TREATMENT METHOD

Bloodlet distally or locally based on target area or diseased channels; *Acupuncture* or *bloodlet* jing-well points, ying-spring points, or other points that systemically clear heat such as Da Zhui (Du-14), Qu Chi (LI-11), Wei Zhong (BL-40), or Er Jian (M-HN-10). For severe cases of generalized repletion heat bloodlet all 12 jing-well points or the Shi Xuan (M-UE-1) points.

CASE

A 68-year-old female presented to the office with a long history of migraines following her internment in a concentration camp during World War II. The pain was severe and stabbing in nature, was worse with her

menstrual cycle when she was still menstruating, and worse with heat. She also suffered from severe gastric reflux, and had a history of numerous surgeries including breast lumpectomies, a hysterectomy, and surgery to treat esophageal damage from reflux. She was diagnosed with blood stasis in the network vessels, Liver-Stomach disharmony with Liver and Stomach Fire, and yin vacuity in the Liver, Heart, and Kidney. In her case, early emotional trauma and post-traumatic stress caused Liver bind that transformed into long-standing heat. Interestingly, when she was younger, spontaneous nosebleeds would temporarily improve her headache when the pain would flare.

At the onset of each treatment she was bled at points that both quicken blood and clear heat, such as Er Jian (M-HN-10), Tai Yang (M-HN-9), Tai Chong (LIV-3), and Di Wu Hui (GB-42); there were very dark visible spider nevi around these points with the exception of the ear apex. She was then needled at points such as Ling Gu (22.05), Tai Chong (LIV-3), and Feng Shi (GB-31). Headaches significantly improved over the course of her first ten treatments, more so than with any other treatment attempted over the previous several decades. She also noticed significant improvement in quality of sleep.

4. Eliminating Phlegm and Quickening Blood Method

Zhu Dan Xi is known for his theory of six stagnations, of which phlegm and blood are included. Whenever there is blood stasis, by definition there must be qi stagnation. As blood and qi stagnate, so too do the fluids which can congeal into phlegm. Consequently, blood stasis and phlegm binding frequently appear together, especially in recalcitrant conditions. In these cases patients present with blood stasis signs and symptoms, along with concurrent phlegm pattern symptoms such as palpable nodulations, coughing or asthma, obesity, or a thick tongue coating. In terms of Western medical diagnoses there may be coronary artery disease, chronic respiratory conditions such as emphysema, stroke sequelae, peripheral neuropathy, or senile dementia (Yan 1995).

TREATMENT PRINCIPLE

Transform and eliminate phlegm, quicken blood, expel stasis.

TREATMENT METHOD

Bloodlet visible spider nevi along the leg Yang Ming channel, especially around Tiao Kou (ST-38) and Feng Long (ST-40). *Acupuncture* the arm Jue Yin channel especially at Nei Guan (PC-6) and Jian Shi (PC-5). For stroke patients needle additionally Bai Hui (Du-20) and Shang Xing (Du-23), and other scalp points based on

condition. For copious phlegm in the Lungs consider cupping the upper back. If other localized complaints are present, choose local or distal points based on the location of disease (see Table 11.1).

DISCUSSION

The leg Yang Ming is full of both qi and blood, and draining this channel with bloodletting effectively eliminates stasis. The leg Yang Ming traverses the chest and can treat diseases of the cardiac system, and Tiao Kou (ST-38) is close to Si Hua Zhong (77.09) in Tung's acupuncture, a point specifically indicated for treating cardiac disease. Furthermore, this area is near the luo-network point of the Stomach channel, Feng Long (ST-40), and as such can eliminate phlegm. Points such as Nei Guan (PC-6) and Jian Shi (PC-5) open the chest, expel phlegm, and treat Heart patterns. Some modern Chinese physicians consider high cholesterol levels to be a manifestation of blood stasis with phlegm accumulation (Yan 1995), and, as previously mentioned, research suggests that bloodletting with cupping may help lower high cholesterol levels (Abdullah 2011; Niasari, Kosari, and Ahmadi 2007).

CASE

A 71-year-old male presented to my office with a history

of glucose intolerance and cardiovascular disease for ten years, including elevated cholesterol levels and hypertension, both of which were managed with medication. He had a very strong appetite, experienced tachycardia, and tended toward rage, which triggered his tachycardia and arrhythmias. His pulse was rapid, flooding, and skipping. The tongue was purple and red with distended sublingual veins, and with a yellow coat in the rear. The diagnosis was Liver and Heart Fire damaging the yin, leading to blood stasis, with simultaneous phlegm-heat encumbrance. He was treated several times, and common points included Tai Chong (LIV-3), Nei Guan (PC-6), Da Ling (PC-7), and Jie Xi (ST-41), and he was bled at the visible spider nevi near Tung's point Si Hua Zhong (77.09; corresponding to Tiao Kou ST-38). With regular treatments all symptoms improved, such as diminished frequency of tachycardia and arrhythmias.

5. Attacking, Precipitating, and Transforming Stasis Method

This method is used when there is blood stasis in the lower abdomen and bound stool presenting simultaneously. *Miu Ci Lun* (Treatise on Misleading Pricking, *Su Wen*, Chapter 63), "When one is injured and there is stagnated blood internally, it causes abdominal

pain, constipation, and urinary retention." Disease evils need a route to be expelled from the body, and static or dead blood in the lower abdomen can move outwards along with the stool. Thus, constipation is an impediment to eliminating static blood, especially in the abdomen. In Western medical terms this method may be used to treat lower abdominal pain, various gynecological conditions such as amenorrhea or retained lochia, pancreatitis, cholylithiasis, or even traumatic injury (Yan 1995).

TREATMENT PRINCIPLE

Quicken blood, transform stasis, free the stool.

TREATMENT METHOD

Bloodlet points that affect the lower abdomen such as visible spider nevi on the sacrum or lower abdomen, visible spider nevi on the ribside, or visible spider nevi near Zhao Hai (KD-6). *Acupuncture* points that affect the abdomen, precipitate down, and free the stool including Ling Gu (22.05), Zhi Gou (SJ-6), and Tian Shu (ST-25). Use deep needling and strong stimulation.

DISCUSSION

This is the equivalent of prescribing herbs such as Da Huang (*Rx. et Rz. Rhei*), which both quicken blood and free the stools.

6. Boosting the Qi and Transforming Stasis Method

Spleen vacuity and blood stasis patterns are interrelated. The Spleen governs movement and transformation (*yun hua* 運化). Once stasis is eliminated the Spleen will again be able to normally move and transform, and thus produce latter heaven qi. Likewise, when qi is insufficient, boosting qi allows the Spleen to move and transform, as it usually does. Boosting qi also allows the Spleen to upbear the clear. When the Spleen's normal movement is reestablished, it encourages the Liver's free coursing and systemically moves qi and quickens blood.

This needle method is similar to the herbal medicine network vessel treatment strategy of "acrid and sweet [flavors to] free and supplement method" (*xin gan tong bu fa* 辛甘通補法) (Yi 1996). An illustrative example of this principle is found in the functions and indications of the herb Huang Qi (*Rx. Astragalus membranaceus*). Huang Qi is primarily a supplementing medicinal that enters the Spleen and Lung channels, although it also quickens blood and stops pain; it has these secondary functions despite the fact that its only flavor is sweet (usually medicinals that rectify qi and blood and stop pain are acrid) (Chen and Chen 2004; Zhang 2004). In the *Ben Cao Gan Mu*, Li Shi Zhen concurs in stating that Huang Qi quickens the blood (Zhang 2004). Huang Qi has the ability to move because it strongly supplements the qi. There is a statement of fact in

Chinese medicine that pain results from stagnation (*bu tong ze tong* 不通則痛). There is another statement of fact that says pain results from lack of luxuriance, and by nourishing we eliminate pain (不榮則痛, 榮則不痛). This method combines both reducing and supplementing to effectively treat these cases. Another example of this principle is in the formula Bu Yang Huan Wu Tang, which utilizes a large dose of Huang Qi to both quicken the blood and supplement qi.

Patients for whom this method is appropriate will present simultaneously with signs and symptoms of blood stasis, and generalized qi vacuity, or vacuity of the Spleen. Since the Spleen is vacuous, there may be signs of blood vacuity as well. In Western medical terms patients may present with coronary artery disease, various chronic pain syndromes, or stroke sequelae, for example (Wang 2007; Yan 1995).

TREATMENT PRINCIPLE

Boost qi, fortify the Spleen, quicken blood, transform stasis.

TREATMENT METHOD

Bloodlet points or areas based on the target area or diseased channels, but especially choose the Yang Ming, Tai Yang, or Jue Yin channels, and avoid others.

Additionally, for systemic rectification of blood, bloodlet the cubital and popliteal fossae (i.e., Four Bends Combination). *Acupuncture* o r *moxibustion* at Ling Gu (22.05), Huo Fu Hai (33.07), Zu San Li (ST-36), Zhong Wan (Ren-12), Qi Hai (Ren-6), Bai Hui (Du-20), or other suitable points to generally supplement the qi.

DISCUSSION

The Yang Ming, Tai Yang, and Jue Yin are full of blood; according to *Xue Qi Xing Zhi* (Blood and Qi, Physical Form and Mind, *Su Wen*, Chapter 24), bloodletting can be applied to these channels without damaging qi. *Si Shi Qi* (Qi of the Four Seasons, *Ling Shu*, Chapter 19) says that Zu San Li (ST-36) is indicated for chronic impediment (*bi* 痹) patterns, demonstrating the close relationship between supplementation and elimination of stasis.

CASE

A 70-year-old male presented to my clinic with hemiparesis of the right side following a stroke he had suffered six months previously. His limb movements were impaired and he had a significantly weakened grip on the affected side; he also had trouble walking. Overall he felt tired and fatigued. His tongue was pale and swollen with dark sublingual veins, and his pulse was deep and weak. The right hand and foot were very cold to the touch and his

nail beds were purple. He was diagnosed with hemiparesis and wilting impediment (*wei bi* 萎痹) as stroke sequelae, due to qi vacuity and blood stasis.

Since the patient did not want to take herbs he was treated with acupuncture. At each treatment bloodletting was applied to generally expel stasis and quicken the blood; treatment areas included, for example, the cubital and popliteal fossae on the affected side, and Tung's point Shuang Feng (Double Phoenixes). He was then needled to supplement the qi at points along the Du Mai, such as Bai Hui (Du-20), Da Zhui (Du-14), or Ming Men (Du-4), and points along the Yang Ming channels such as He Gu (LI-4), Qu Chi (LI-11), Zu San Li (ST-36), and Fu Tu (ST-32). Over time stiffness was diminished and he regained some use of the affected side.

7. Supplementing the Kidney and Quickening Blood Method

As previously described, Kidney vacuity can lead to blood stasis patterns and vice versa. Once stasis is eliminated, fresh blood can be engendered, which, in turn, then nourishes the Kidney and bolsters essence. Likewise, since stasis can result from vacuity, nourishing directly assists in eliminating stasis. Like the previous method, this approach simultaneously supplements and drains. For patients with long-standing or severe Kidney vacuity

patterns, the addition of supplementation or nourishing will speed removal of stasis and thus symptom amelioration and recovery.

Patients for whom this method is appropriate will present with Kidney vacuity and blood stasis signs and symptoms. The disease will most likely be prolonged or recurrent. The patient may have senile dementia, weakness of the four limbs, stroke sequelae, all types of chronic pain syndromes (but especially pain in the neck, back or lower extremities), infertility or sexual dysfunction, long-standing fatigue, or other similar conditions (Yan 1995).

TREATMENT PRINCIPLE

Supplement the Kidney, quicken blood, expel stasis.

TREATMENT METHOD

Bloodlet points or areas based on the target area or diseased channels. For example, to treat senile dementia bloodlet vessels on the head, or distally on the sacrum at Chong Xiao (Rushing to Heaven), or around the popliteal fossa (see Table 11.1 for other suggestions). Especially choose visible spider nevi along the Leg Tai Yang channel. Apply *acupuncture* or *moxibustion* to points that supplement the Kidney such as Shen Shu (BL-23), Ming Men (Du-4), Guan Yuan (Ren-4), Shen Guan (77.18), Shui Tong (1010.19), or Shui Jin (1010.20).

DISCUSSION

Since the Leg Tai Yang is full of blood, it can be bled without damaging the qi. Furthermore the Leg Tai Yang Bladder channel has an interior–exterior relationship with the Leg Shao Yin Kidney channel. Shen Guan (77.18) is a major point in Tung's acupuncture for supplementing the Kidney. Other points in Tung's acupuncture that supplement the Kidney are the aforementioned Shui Tong (1010.19) and Shui Jin (1010.20).

CASE

An 85-year-old male presented to my clinic complaining of chronic back and neck pain of more than ten years' duration. Pain was distributed across the lower lumbar region and was severe enough (usually self-reported as 8 to 9 out of 10 with 10 being the worst pain) that he walked hunched over. He had a pale complexion and felt cold frequently. His tongue was pale with very dark sublingual veins, and his pulse was deep and thin. He was diagnosed with Kidney yang vacuity and blood stasis in the network vessels. The veins at the popliteal fossa were always dark and distended, and at the onset of treatment were bled. The blood that was let was frequently very dark, indicative of the stasis present. After bloodletting, he was treated with acupuncture to supplement the Kidney using Tung's points Shui Tong (1010.19), Shui Jin (1010.20), and Shen Guan

(77.18) as the main points. After a course of treatments he was discharged with minimal pain and he returned for occasional treatment only as necessary.

CHAPTER 12

Ending Thoughts

Zhang Ji lamented that medical scholars of his time rushed head on toward the modern world seeking flash and show without seeking to secure the root-origin (趨世之士, 馳竟浮華, 不固根本). It seems this societal tendency is not only ours in today's world but also that of ancient times. I certainly advocate that modern practitioners of traditional medicines need to be well versed in modern Western medicine. Western medicine is the dominant world paradigm and it offers much in its understanding of disease, disease etiology, and, even more importantly, disciplines such as public health. Nevertheless, as practitioners of traditional medical systems we must fully commit to the study, understanding, and practice of all the techniques of those traditions. In modern Western schools of Chinese medicine we spend many hours studying therapies such as electro-acupuncture, yet essential classical acupuncture techniques such as bloodletting get scant attention.

Bloodletting is even underrepresented in textbooks that are available to the Western practitioner of Chinese medicine. For example, in *Acupuncture, A*

Comprehensive Text, by O'Connor and Bensky (1993), over 100 pages of text are devoted to acupuncture and related techniques, but within that section only about one page details bloodletting therapy. In the *Acupuncturist's Handbook*, by Tsay (1997), a book of about 500 pages in length, three pages are devoted to bloodletting. While both these books are written and published in the United States, English-language acupuncture texts published in China are similar; in Liu's *Diagrams of Acupuncture Manipulations* (2003), out of 164 pages in total just over three describe bloodletting.

Bloodletting therapy should and can be a part of every acupuncturist's clinical practice, and this is especially the case for those acupuncturists not practicing other therapies such as Chinese herbal medicine. With patterns such as blood stasis or heat, bloodletting is a more effective treatment than fine needle therapy. In the West we tend to see very chronic and recalcitrant diseases in our patient populations, and the clinical use of bloodletting will help address these and other complex patterns.

Another one of Zhang Ji's observations on medical scholars of his day was that they fail to deeply study the classics, instead relying on skills passed down in their family lines, only following those instructions from their own family's past (觀今之醫, 不念思求經旨, 以演其所知, 各承家技, 終始順舊). In modern times we have the

great fortune that ancient family models of practice are being taught openly for the first time. The Tung lineage is one such lineage, and one that uses bloodletting extensively. Unfortunately, Tung himself left little to no theoretical understanding of his system. Later generations of his students and his students' students have had to grapple with how to understand his family system. By studying the classics alongside clinical application of lineage-based acupuncture, practitioners will enhance the depth of understanding and efficacy of contemporary practice. If we limit our practical application to the basic instructions of our teachers, we may fail to continue to expand the therapeutic scope of the system. The greatest duty of all students is to improve, change, and advance the material inherited from their teachers. Staying mired in the past means the death of a system; however, that does not mean we should fail to respect and study the past. The diligent observation of the clinical results of traditional techniques, such as bloodletting, coupled with a thorough understanding of the classics, provides a foundation for the understanding and advancement of traditional medical systems in contemporary times.

In order to address this we have explored how the *Huang Di Nei Jing* understands and uses bloodletting therapy, and how this knowledge can start the process of elucidating family systems such as Tung's acupuncture.

Rooting our study in the ancient classics provides the stable foundation upon which to build greater insight and understanding, so that bloodletting becomes both an important therapy of not only the past, but also the present and future. In the *Analects*, the Master said, "I am not born with knowledge, but I am fond of ancient works and seek for it there" (我非生而知之者，好古，敏以求之者也). But even the Master used ancient works to create something new and better. Likewise in Chinese medicine, understanding our foundation allows us to work toward new ways to help our patients as best as possible.

When I teach bloodletting, one of the most frequently asked questions is about how patients accept such an unusual therapy by modern standards (echoing the sentiments of Xu Da Chun we saw in Chapter 1). I find that patients are open to whatever therapy is used that alleviates their pain and suffering. There is hardly a day that goes by in my own clinic where I do not use bloodletting, and over the years of my clinical practice it has certainly enhanced my clinical efficacy. When used in a comprehensive treatment protocol along with acupuncture and other related therapies, bloodletting can expand which complex and chronic patterns can be treated effectively. My sincere hope is that this short text, by providing acupuncturists with a deeper historical and modern understanding of bloodletting, will encourage its

clinical use.

APPENDIX 1

TUNG LINEAGE POINTS ON THE POSTERIOR TRUNK

The Tung lineage of classical acupuncture makes frequent use of bloodletting the trunk. After Tung's death different practitioners of his lineage devised simplified zones for bloodletting on the trunk, as previously described in Chapter 10. However, in Tung's original book written in 1973, he gives unique names for each of the points he locates on the back. While bloodletting is most effective when applied to areas of the body based on either visual inspection or palpation, these original names shed some light on how Tung's family laid out the Five Phase points on the posterior trunk. Names that start with "Huo" (火) relate to Fire phase, those that start with "Jin" (金) to Metal phase, those that start with "Mu" (木) to Wood phase, those that start with "Tu" (土) to Earth phase, and those that start with "Shui" (水) to Water phase.

In Table A.1 each point is given in a grid format for ease of location based on both longitudinal and latitudinal axes. This way the reader can locate the spinous process to which the point is lateral, and how far from the midline the point lies. Please note also that Tung's points are

arranged in lines on the dorsal midline (over the Du Mai), 1.5 cun lateral to the midline (on the inner Tai Yang Bladder channel line), 3 cun lateral to the midline (on the outer Tai Yang Bladder channel line), and 6 cun lateral to the midline (where there is no corresponding line in conventional Chinese medicine). In addition to the location, where applicable I have provided overlapping conventional points as a method of referencing location.

Table A.1 Original Chinese Names and Overlapping Points for Tung's Back Points

Vertebra	*Midline (Du Mai)*	*1.5 cun lateral*	*3 cun lateral*	*6 cun lateral*
T1	An Quan (安全); Tao Dao Du-13		Jin Tang (金堂)	
T2	Jiang Kou (江口); Er Zhui Xia M-BW-5	Huo Feng (火鳳); Feng Men BL-12	Jin Bei (金北); Fu Fen BL-41	Jin Zhi (金枝)
T3	Huo Qu (火曲); Shen Zhu Du-12	Huo Zhu (火主); Fei Shu BL-13	Jin Dou (金斗); Po Hu BL-42	Jin Jing (金精)
T4	Huo Yun (火雲)	Huo Miao (火妙); Jue Yin Shu BL-14	Jin Ji (金吉); Gao Huang Shu BL-43	Jin Shen (金神)
T5	Huo Chang (火長); Shen Dao Du-11	Huo Chao (火巢); Xin Shu BL-15	Jin Ling (金陵); Shen Tang BL-44	Mu Yuan (木原)

T6	Huo Ming (火明); Ling Tai Du-10	Huo Zhong (火重); Du Shu BL-16	Huo Jin (火金); Yi Xi BL-45	Mu Tai (木太)
T7	Huo Xiao (火校); Zhi Yang Du-9	Huo Hua (火花); Ge Shu BL-17	Mu Dong (木東); Ge Guan BL-46	Mu Ju (木菊)
T8	Huo Men (火門); Ba Zhui Xia M-BW-11	Huo Mi (火蜜); Yi Shu M-BW-12	Mu Du (木杜)	Mu Song (木松)
T9	Tu Yue (土月); Jin Suo Du-8		Mu Mei (木梅); Hun Men BL-47	
T10	Tu Xie (土洩); Zhong Shu Du-7			
T11	Tu Ke (土克); Ji Zhong Du-6			
T12				
L1	Fen Xian (分線); Xuan Shu Du-5			
L2	Shui Fen (水分); Ming Men Du-4		Liu Yuan (六元); Zhi Shi BL-52	
L3	Shui Ke (水克)		Liu Man (六滿)	
L4	Shui Guan (水管); Yao Yang Guan Du-3		Liu Dao (六道)	
L5	Liu Zong (六宗)		Hua Chao (華巢)	
S1	Feng Chao (鳳巢)		Huan Chao	

			(還巢)	
S2	Zhu Chao (主巢)		He Chao (河巢); Bao Huang BL-53	
S3	Miao Chao (妙巢)			
S4	Shang Dui (上對); Yao Shu Du-2			
S5	Shang Gao (上高)			

APPENDIX 2

TUNG LINEAGE POINTS REFERENCED IN TEXT

Throughout the text there is frequent reference to points from the Tung lineage of classical acupuncture. To facilitate understanding of these references this section provides the locations, functions, and indications for all of the Tung lineage points on the extremities listed in this text. Since points on the trunk are explained adequately in Chapter 10, they are not repeated here. For a more detailed description of these points, the theory behind their clinical use, and diagrams of point locations, please see McCann and Ross (2013), Li (2011b), Yang (1999), or another basic text in English or Chinese on Tung's acupuncture.

Zone 1: Fingers

11.01 Da Jian (Big Distance) 大間穴

Location: On the palmar aspect of the index finger, midway between the proximal interphangeal (PIP) and the metacarpophalangeal (MCP) joints on the radial margin of the phalangeal bone

Functions: Clears and drains Heart Fire, drains Lung heat, disinhibits the throat

Indications: Heart disease, palpitations, difficulty breathing due to heart disease, mounting qi, tonsillitis, abdominal distension and gassiness, trigeminal neuralgia, enteritis, knee pain

11.02 Xiao Jian (Small Distance) 小間穴

Location: On the palmar aspect of the index finger, midway between Da Jian (11.01) and the PIP joint on the radial margin of the phalangeal bone

Functions: Benefits Lung and stops cough, clears swelling and stops pain

Indications: Coughing yellow phlegm, swollen throat, keratitis, sty, mounting qi, palpitations, chest oppression, knee pain, abdominal distension, pediatric asthma, tonsillitis, enteritis

11.03 Fu Jian (Floating Distance) 浮間穴

Location: On the border of the distal ⅓ and the middle ⅓ of the palmar middle phalanx of the index finger at the radial margin of the phalangeal bone

Functions: Rectifies the Stomach and harmonizes the intestines, clears and rectifies the lower jiao

Indications: Urethritis, mounting qi, stomachache, small

intestine cold and distended, toothache

11.04 Wai Jian (Outer Distance) 外間穴

Location: On the border of the middle ⅓ and the proximal ⅓ of the palmar middle phalanx of the index finger at the radial margin of the phalangeal bone

Functions: Rectifies the Stomach and harmonizes the intestines, clears and rectifies the lower jiao

Indications: Cystitis, mounting qi, urethritis, stomachache, small intestine cold and distended, toothache

11.09 Xin Xi (Heart Knee) 心膝穴

Location: 2 point group; radial and ulnar to the midpoint of the dorsal middle phalanx of the middle finger at the margin of the phalangeal bone

Functions: Disperses swelling and stops pain

Indications: Knee pain, calf swelling and pain, scapular pain at the area of Gao Huang Shu (BL-43)

11.13 Dan (Gallbladder) 膽穴

Location: 2 point group; radial and ulnar to the midpoint of the dorsal proximal phalanx of the middle finger at the margin of the phalangeal bone

Functions: Settles and tranquilizes, rectifies qi, stops pain

Indications: Fright palpitations, childhood night crying,

abdominal distension, hysteria (gallbladder vacuity patterns), knee pain, calf pain, dizziness, headache, jaundice

11.26 Zhi Wu (Control Dirt) 制污穴

Location: 3 point group; evenly distributed on the midline of the dorsal proximal phalanx of the thumb

Functions: Disperses swelling, expels stasis

Indications: Non-healing ulcerations or wounds, malignant tumors, abscess, bedsores, diabetic wounds

Notes: Prick to bleed only (fine needle acupuncture not applicable).

11.27 Wu Hu (Five Tigers) 五虎穴

Location: 5 point group; evenly distributed on the radial side of the proximal phalanx of the thumb at the border between the palmar and dorsal surfaces of the thumb (on the junction of the red and white skin)

Functions: Opens the channels and quickens the network vessels, disperses swelling, and stops pain

Indications: Rheumatoid arthritis, osteoarthritis, osteoporosis, acute injury; pain of hands, fingers, feet, toes, heels

Zone 2: Hand

22.03 Shang Bai (Upper White) 上百穴

Location: On the dorsum of the hand, between the second and third metacarpal bones, 0.5 cun proximal to the metacarpophalangeal joints

Functions: Courses wind and drains Fire, enriches the yin and brightens the eyes, courses the channels and settles pain

Indications: Conjunctivitis, keratitis, eyes swollen and sore, nearsightedness, astigmatism, angina pectoris, weak vision, eyes tear on exposure to wind, back pain, lumbar pain, sciatica

22.05 Ling Gu (Miraculous Bone) 靈骨穴

Location: On the dorsum of the hand, at the junction of the first and second metacarpal bones, on the Large Intestine channel

Functions: Frees the channels and quickens the network vessels, clears and regulates Lung qi, frees and descends the Stomach and Intestines, frees the qi and disperses stasis

Indications: Migraine, low back pain, sciatica, facial paralysis, hemiplegia, tinnitus, deafness, menstrual disorders (irregular, scanty, profuse, absent), polyuria, incontinence, foot pain, intestinal pain, difficult labor, angina pectoris, emphysema, pneumonia

Notes: Contraindicated in pregnancy.

Zone 3: Forearm

33.07 Huo Fu Hai (Fire Bowel Ocean) 火腑海穴

Location: 8.5 cun proximal to the wrist, 2 cun proximal to Huo Shan (33.06) on the muscular prominence of the dorsal forearm, on the San Jiao channel, close to Shou San Li (LI-10)

Functions: Expels wind and strengthens Lungs, supplements and benefits Kidney Water

Indications: Cough, asthma, common cold, rhinitis, dyspnea, anemia, dizziness, blurry vision, eye strain, sciatica, aching of legs and low back; moxibustion at this point promotes longevity

33.16 Qu Ling (Curved Mound) 曲陵穴

Location: In the cubital fossa, lateral to the biceps brachii tendon on the Lung channel; overlaps Chi Ze (LU-5)

Functions: Drains and guides Lung qi, frees and smoothes the network vessels of the Heart

Indications: Muscle spasm, digestive disorders, asthma, elbow joint pain, palpitations

Zone 4: Upper Arm

44.02 Hou Zhui (Back Vertebra) 後椎穴

Location: On the posterior surface of the upper arm, 2.5 cun proximal to the olecranon–cubital fossa plane, on the San Jiao channel, 0.5 cun proximal to Qing Leng Yuan (SJ-11)

Functions: Regulates and supplements the qi of the Lung and Kidney

Indications: Dislocation or pain of the vertebrae, spinal pain, nephritis, low back pain, hypertension

44.03 Shou Ying (Head Wisdom) 首英穴

Location: On the posterior surface of the upper arm, 2 cun proximal to Hou Zhui (44.02), 4.5 cun proximal to the elbow joint

Functions: Regulates and supplements the qi of the Lung and Kidney

Indications: Dislocation or pain of the vertebrae, spinal pain, nephritis, low back pain, hypertension

44.06 Jian Zhong (Shoulder Center) 肩中穴

Location: On the midpoint (center) of the deltoid muscle, 2.5 to 3 cun distal to Jian Yu (LI-15), on the Large Intestine channel, overlaps extra point Nao Shang (N-UE-14)

Functions: Quickens the blood and expels stasis, frees the

channels and quickens the network vessels

Indications: Knee pain, foot pain, hemiplegia, post-polio syndrome, coronary artery disease, epistaxis, pain in the shoulder and arm, skin diseases (especially in the neck region)

44.07 Bei Mian (Back Face) 背面穴

Location: In the depression just below the acromion, on the Large Intestine channel overlapping with, or 1 cun posterior to, Jian Yu (LI-15)

Functions: Courses the Liver and rectifies the Gallbladder, regulates and harmonizes the qi and blood

Indications: Abdominal distension, flatulence, weak voice, laryngitis, vomiting, acute enteritis, fatigue

44.11 Yun Bai (Cloud White) 雲白穴

Location: About 1 cun anterior and 1 cun superior to Jian Zhong (44.06—center of the deltoid muscle), in a natural depression on the anterior edge of the deltoid muscle

Functions: Regulates the menses, rectifies the Dai (理帶), diffuses and frees the lower jiao

Indications: Vaginitis, vaginal pain, leucorrhea, post-polio syndrome

44.12 Li Bai (Plum White) 李白穴

Location: 2 cun inferior to Yun Bai (44.11), and slightly

lateral; 1 cun inferior and anterior to Jian Zhong (44.06) in a natural depression on the anterior edge of the deltoid muscle

Functions: Relaxes the tendons and quickens the network vessels

Indications: Armpit odor, leg (calf) pain, foot pain, post-polio syndrome

44.16 Shang Qu (Upper Curve) 上曲穴

Location: On the lateral aspect of the upper arm, 1 cun horizontally lateral (posterior) to Jian Zhong (44.06)

Functions: Relaxes the tendons and quickens the network vessels

Indications: Post-polio syndrome, sciatica, arm pain, leg pain, hypertension

44.17 Shui Yu (Water Curve) 水愈穴

Location: On the posterior aspect of the upper arm, 3 cun horizontally lateral (posterior) to Yun Bai (44.11)

Functions: Frees the channels and transforms stasis, regulates the Kidney and disinhibits Water

Indications: Kidney stones, nephritis, low back pain, wrist pain, carpal tunnel syndrome, arm pain, leg muscle pain, general weakness

Zone 6: Dorsal Foot

66.13 Shui Jing (Water Crystal) 水晶穴

Location: 2 cun distal to the apex of the medial malleolus, below Zhao Hai (KD-6)

Functions: Frees and regulates the Chong and the Ren

Indications: Inflammation of the uterus, uterine tumors, distending sensation in the abdomen (e.g., pelvic inflammatory disease, chocolate cysts)

Zone 7: Lower Leg

77.05 Yi Zhong (First Weight) 一重穴

Location: Between Gallbladder and Stomach channels; 3 cun proximal to the lateral malleolus and 1 cun anterior to the fibula; level of Xuan Zhong (GB-39)

Functions: Eliminates accumulations, disperses stasis, breaks qi and moves blood

Indications: Hyperthyroidism, tonsillitis, deviation of the eye and mouth (facial hemiparesis), migraine, mastitis, fibrocystic breast disease, breast tumors, meningitis, liver disease, splenomegaly, ribside pain

77.06 Er Zhong (Second Weight) 二重穴

Location: Between Gallbladder and Stomach channels; 2 cun proximal to Yi Zhong (77.05); 5 cun proximal to the lateral malleolus and 1 cun anterior to the fibula

Functions: Same as Yi Zhong (77.05)

Indications: Same as Yi Zhong (77.05)

77.07 San Zhong (Third Weight) 三重穴

Location: Between Gallbladder and Stomach channels; 2 cun proximal to Er Zhong (77.06); 7 cun proximal to the lateral malleolus and 1 cun anterior to the fibula

Functions: Same as Yi Zhong (77.05)

Indications: Same as Yi Zhong (77.05)

Notes: These three points are collectively known as "San Zhong San Zhen" 三重三針 (Three Weights Three Needles).

77.09 Si Hua Zhong (Four Flowers Middle) 四花中穴

Location: On the Stomach channel; 4.5 cun distal to Zu San Li (ST-36), 0.5 cun proximal to Tiao Kou (ST-38)

Functions: Courses the Heart and clears the Lung, regulates and rectifies the Spleen and Stomach

Indications: Asthma, coronary artery disease, carditis, arteriosclerosis, eye pain, pain in the heart or sensation of suffocation and discomfort, stomachache, swelling of the bones, frozen shoulder, index finger pain, elbow pain

77.10 Si Hua Fu (Four Flowers Append) 四花副穴

Location: On the Stomach channel; 2.5 cun distal to Si

Hua Zhong (77.09)

Functions: Courses the Heart and regulates Lung, regulates and rectifies the Spleen and Stomach

Indications: Same as Si Hua Zhong (77.09)

77.14 Si Hua Wai (Lateral Four Flowers) 四花外穴

Location: On the Stomach channel; 1.5 cun lateral to Si Hua Zhong (77.09). Point Si Hua Wai (77.14) is located 1 cun lateral to Tiao Kou (ST-38), close to Feng Long (ST-40)

Functions: Quickens blood and expels wind, clears heat and settles pain

Indications: Toothache, migraine, facial paralysis, enteritis, intercostal neuralgia, lateral epicondylitis (bloodlet); bleed also to treat migraine, ear pain, shoulder/arm pain, sciatica, instep/sole pain, hypertension

77.15 Shang Chun (Upper Lip) 上唇穴

Location: On the Stomach channel at the lower lateral edge of the patella; at Du Bi (ST-35)

Functions: Clears and drains Stomach Fire, descends heat and clears inflammation

Indications: Lip pain, mouth ulcerations (stomatitis), vitiligo around the mouth or genitals

77.16 Xia Chun (Lower Lip) 下唇穴

Location: On the Stomach channel; 1 cun distal to the lower lateral edge of the patella; 1 cun distal to Shang Chun (77.15)

Functions: Clears and drains Stomach Fire, descends heat and clears inflammation

Indications: Lip pain, mouth ulcerations (stomatitis), vitiligo around the mouth or genitals

77.18 Shen Guan (Kidney Gate) 腎關穴

Location: On the Spleen channel, 1.5 cun distal to Yin Ling Quan (SP-9)

Functions: Rectifies qi and frees the channels, benefits the Kidneys and strengthens the Spleen

Indications: Main point for Kidney supplementations; excessive gastric acid, acid reflux, deviation of the eyeball, astigmatism, dizziness, vertigo, epilepsy, pain in the supra-orbital bone or nasal bone, dark rings under the eyelids, hysteria, sexual dysfunction

77.22 Ce San Li (Beside Three Miles) 側三里穴

Locations: Between the Stomach and Gallbladder channels; 1.5 cun lateral to Zu San Li (ST-36)

Functions: Quickens the blood and expels stasis, clears inflammation and stops pain

Indications: Toothache, facial paralysis, headache, sinusitis, trigeminal neuralgia, appendicitis pain

77.23 Ce Xia San Li (Distal to Beside 3 Miles) 側下三里穴

Locations: 2 cun distal to Ce San Li (77.22)

Functions: Quickens the blood and expels stasis, clears inflammation and stops pain

Indications: Toothache, facial paralysis, headache, sinusitis, trigeminal neuralgia, appendicitis pain

Zone 9: Ear

99.07 Er Bei (Back of Ear) 耳背穴

Location: 0.3 cun below the middle transverse line of the back of the ear (i.e., about the midpoint of the posterior ear)

Functions: Courses wind and resolves the exterior, drains and discharges Lung heat

Indications: Laryngitis, tonsillitis, acne, migraine, conjunctivitis, difficulty opening the mouth

99.08 Er San (Ear Three) 耳三穴

Location: 3 point group located along the outer edge of the helix and ear lobe; (1) Er Shang (at the apex; at the tip of the fold when the ear is bent toward the tragus); (2) Er

Zhong (at the outer midpoint of the helix); (3) Er Xia (at the most inferior point of the ear lobe)

Functions: Courses wind and resolves the exterior

Indications: Common cold, diarrhea, migraine, tonsillitis

Zone 10: Head and Face

1010.07 Zong Shu (Chief Pivot) 總樞穴

Location: 0.8 cun above the posterior hairline, on the Du Mai close to Feng Fu (Du-16)

Functions: Regulates qi and relaxes the chest, frees the joints and opens the orifices

Indications: Vomiting, aphasia, weakness of the Heart zang, neck pain, palpitations, sudden turmoil

1010.09 Shang Li (Upper Mile) 上里穴

Location: 0.2 cun above the medial corners of the eyebrow on the Bladder channel, overlaps with Zan Zhu (BL-2)

Functions: Frees the channels and scatters wind, soothes the sinews and quickens the network vessels

Indications: Headache, blurry vision, dizziness

1010.10 Si Fu Er (Four Bowels 2nd Point) 四腑二穴

Location: 0.2 cun above the center of the eyebrow, close to, or overlapping with, Yu Yao (M-HN-6)

Functions: Soothes the channels and quickens the network vessels

Indications: Blurry vision, headache, acute abdominal distension

1010.11 Si Fu Yi (Four Bowels 1st Point) 四腑一穴

Location: 0.2 cun above the lateral end of the eyebrow on the San Jiao channel, overlaps with Si Zhu Kong (SJ-23)

Functions: Soothes the channels and quickens the network vessels

Indications: Blurry vision, headache, acute abdominal distension

1010.12 Zheng Ben (Upright Root) 正本穴

Location: At the tip of the nose on the Du Mai channel, overlaps with Su Liao (Du-25)

Functions: Rectifies qi and drains the Lung, frees the orifices and benefits the brain

Indications: Allergic rhinitis, psychosis, hangover, status asthmaticus; bloodlet to treat rosacea

1010.19 Shui Tong (Water Through) 水桶穴

Location: 0.4 cun inferior to the corner of the mouth

Functions: Regulates and harmonizes the Spleen and Stomach, banks the Kidney and secures the root

Indications: Low back pain, acute lumbar sprain, rheumatism, vertigo, dizziness, fatigue, dyspnea, asthma, dry mouth, abdominal distension

1010.20 Shui Jin (Water Metal) 水金穴

Location: 0.4 cun Obliquely medial (and a little inferior) to Shui Tong (1010.19)

Functions: Strengthens the Spleen and benefits the Kidney, warms the channels and frees the network vessels

Indications: Same as Shui Tong (1010.19)

APPENDIX 3

POINTS LISTED FOR BLOODLETTING IN THE XUN JING

The *Xun Jing Kao Xue Bian* (Investigations into the points along the Channels; 循經考穴編) is a Ming Dynasty text written about 1575 CE by Yan Zhen. In it, several points are listed as being appropriate for bloodletting. Table A.3 summarizes those points and the indications cited for each (Wang 1998, pp.32–33).

Table A.3 Points Listed in the *Xun Jing* with Indications When Bled

Point	***Indications when bled***
Shao Shang (LU-11)	Vents visceral heat, throat *bi*
Qi Chong (ST-30)	Vomiting blood
Zu San Li (ST-36)	Spleen and Stomach pain
Shang Ju Xu (ST-37)	Spleen and Stomach pain
Da Du (SP-2)	Redness and swelling of the metatarsalphalangeal joint (e.g., gout), aching lumbus
Shao Chong	Chest oppression, unregulated happiness and anger

(HT-9)	
Jian Zhen (SI-9)	Shoulder pain
Zan Zhu (BL-2)	Eye diseases
Qu Chai (BL-4)	Disease of the nose/sinuses
Wei Zhong (BL-40)	Pain in the lumbar and thigh, sores (*chuang yang* 瘡瘍)
Zhi Yin (BL-67)	Damp leg qi
Ran Gu (KD-2)	Sudden hunger
Shui Quan (KD-5)	Ankle bone pain
Guan Chong (SJ-1)	Upper arm and elbow pain, heart vexation
San Yang Luo (SJ-8)	Acute lumbar sprain
Jian Liao (SJ-14)	Heavy pain of and inability to move the shoulder
Qi Mai (SJ-18)	Tinnitus, dizzy vision, pediatric convulsions
Han Yan (GB-4)	Head wind pain, pearl of the ear pain (tragus pain)
Xuan Li (GB-5)	Redness and swelling of the eye
Tou Lin Qi (GB-15)	Eye diseases

Tai Chong (LIV-3)	Red, swollen leg qi
Zhong Feng (LIV-4)	Sores on top of the foot, retracted genitals
Bai Hui (Du-20)	Headache
Xin Hui (Du-22)	True headache (*zhen tou tong* 真頭痛)
Shang Xing (Du-23)	Vents all types of yang heat qi
Su Liao (Du-25)	Cinnabar eye (palpebral cellulitis)
Dui Duan (Du-27)	Swollen lips, lip eversion

Case Study: Acute Eye Irritation

A 36-year-old male presented to the clinic with an acute right eye irritation. The discomfort began 24 hours previously after having gotten some sort of dust or debris in his eye while walking through New York City. His eye was red and painful; there was a scratching sensation whenever his eyelid closed or he blinked. The treatment consisted solely of bloodletting the ipsilateral Tou Lin Qi (GB-15), based on the recommendation from the *Xun Jing*, and also bloodletting the ipsilateral Shang Yang (LI-1). The patient also used two drops of a lubricating eyewash at the same time. Within several minutes the pain had

dissipated significantly and within the hour the pain had completely abated.

NOTES

1 Ma Yuan Tai, stylized Ma Shi, was a Tang Dynasty (618–907 CE) physician who wrote important commentaries on the *Ling Shu*.

2 Zhang An Yin, stylized Zhang Shi, was another Tang Dynasty physician who wrote commentaries on the *Ling Shu* as a collaborator of Ma Yuan Tai.

3 This is probably referring to the popliteal fossa, thus meaning bloodletting should be done at Wei Zhong (BL-40).

4 This is most likely referring to puncturing Yang Ling Quan (GB-34).

5 This is most likely referring to puncturing Zu San Li (ST-36).

6 This is most likely referring to puncturing Fu Liu (KD-7).

7 This is most likely referring to puncturing Li Gou (LIV-5).

8 This channel, which does not exist in contemporary acupuncture practice, probably refers to a branch of the Foot Tai Yang Bladder channel.

9 This is most likely referring to Wei Yang (BL-39).

10 The *Er Ya* (爾雅) is the oldest surviving Chinese text that can be described as a type of dictionary, predating even the *Shuo Wen Jie Zi*. Written around the third century BCE, it was sometimes traditionally attributed to Confucius or the Duke of Zhou. It gives definitions of words by providing word associations to even older classical Chinese texts.

11 Special thanks to Dr. Zhong's student, Dr. Edward Chiu, who taught me these treatment protocols.

12 Zhao Hai (KD-6) is in an analogous area to Tung's point Shui Jing (66.13). This point is indicated for diseases such as metritis, uterine distension or pain, uterine tumors or myomas, and abdominal distension.

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