

See *Class 5 handout – acutech.pdf*

Regulation of Shen

Regulate Shen of Patient

Regulate Shen of Practitioner

Focus in on what you are doing—calm yourself, be totally present in order to really do it right. I put a little more information in the green box on the following pages.

Holding the Needle

Puncturing Hand and Pressing Hand

Hold like holding a tiger's tail—hold it tight so tail doesn't move, plus, watch the reaction of the tiger!

Steady the needle—be one with the needle, grasshopper. Watch the patient (tiger). Use both hands whenever possible—gives more flexibility and control, espec for tapping. Sometimes also use pressing hand to guide the Qi to the point, to tap on the point or along channel or to fix a blood vessel/tendon in place.

Actually, your whole body's posture should be comfortable and balanced. Qi should flow from your dantian to your arm, then to point. Get your whole body involved. If you have no feeling of Qi, adjust your posture, move closer, etc.

Posture of holding the needle

Two hands technique:

This is how you will insert most of the time. Hold the guide tube with your non-dominant hand, tap the needle in firmly but not hard with your dominant hand. Remove the guide tube and hold the handle of the needle with two fingers, three or more. This depends upon your comfort, your Qi, your hand strength, etc.

One hand technique:

Some points require you to hold the guide tube *and* tap the needle in with one hand. LU 7 for instance, requires that you pinch the area while you are inserting the needle. To do a one hand insert, hold the top of guide tube with your middle, ring finger and thumb then use your index finger to tap it in. Remove the guide tube with the same hand and hold it in your palm with your little and ring fingers. Use your index, middle finger, and thumb to complete the insert.

Pressing:

This technique is inserting the needle with your dominant hand while using the index finger of your non-dominant hand to press at the site of the insertion point.

Why would you want to do this? Some points are very close to arteries, blood vessels, tendons or nerves. You want to be sure you don't hit one of these features, so you use the

index finger of your non-dominant hand to locate it, then press it just hard enough to keep it out of the way. Hold your finger there while you insert the needle and push it into place. You don't want to pull the skin while you are doing this.

Some examples:

LU 9. This point is between the radial artery and the bone. Press on the artery to keep from needling it, insert the needle to depth, then remove your pressing finger.

P6 has a tendon very near it. Fix the tendon in place with your pressing index finger, insert the needle and push it to the proper depth. Now remove your pressing finger.

Holding:

This refers to using the dominant hand to control the insertion while using the non-dominant hand to hold the shaft of the needle. Here's how:

Use your non-dominant hand to hold the needle guide tube while the dominant hand controls tapping the needle into the skin. Remove the guide tube with the non-dominant hand and hold the handle of the needle with the dominant hand. Put the guide tube down and pick up a square of clean gauze. Wrap the clean side which you have not touched around the shaft of the needle. Now using both hands in synchronized parallel movement, press down to insert the needle. You may need to move the gauze further up the shaft then press down with both hands again until the needle has reached depth.

Why would you want to do this?

This technique is used for very long needles which tend to bow when you attempt to insert them with just one hand. GB 30 is an example: this is a point used to treat sciatic pain and generally takes a 2-3 cun needle.

Stretching:

The stretching technique involves stretching the skin with the fingers of the non-dominant hand while using the dominant hand to insert the needle using the one-handed technique. Continue to stretch until the needle is inserted to proper depth.

Why would you want to do this?

It is really useful for wrinkly areas (older people), areas of loose skin (such as after child birth), on the abdomen or where-ever there is a lot of give to the skin and not much muscle.

Pinching:

Pinching is a technique in which you use the non-dominant hand to pinch the skin up and then use the dominant hand to insert the needle using the one-handed technique. Keep pinching the skin until the needle is inserted to proper depth.

Why would you want to do this?

This technique is very useful wherever the skin and muscle is very thin. This way the skin isn't too tight to impede the insertion and the needle doesn't hit the bone when you insert (which hurts wicked bad).

I've seen it used most often at [Yintang](#) (a popular extra point which is right between the eyebrows), [Yuyao](#) (an extra point in the middle of the eyebrow), and [Lung 7](#). It isn't often used on the scalp because there's not much to pinch there (scalp acupuncture uses a transverse insertion you will learn in Advanced Acupuncture Techniques I.)

Angle of Insertions

When an angle of insertion is given in acupuncture classes or in acupuncture books, these angles are relative to the plane of the skin of the patient. "Perpendicular" for instance is perpendicular to the patient's skin at the point of insertion rather than perpendicular to the treatment table or the plane of the earth

Transverse/horizontal: 15 - 25°.

Used in the following areas:

1. In very thin areas or where there isn't much muscle
Scalp acupuncture would be an example of a very thin area. Scalp acupuncture has several "lines" that are longer than any needles you can use. Rather than using one long needle, several are inserted transversely along the line. Lung 7 is another place you use transverse needling (along with the pinching technique covered above) as it is over the bone and there is not enough tissue to insert any other way.
2. Over organs
Over the Lung area (both anterior and posterior surfaces) for instance.
3. Next to the mouth
You don't want to needle into the mouth cavity, so insert transversely.
4. Between the fingers, along the spaces between two bones.

Oblique insertion: 45°

Oblique insertion is appropriate in thinner areas such as the chest, abdomen, intercostal muscle spaces, into the back muscles in the thoracic areas or anywhere there is a danger of hitting an organ or nerve. This is especially important in thinner patients. Please note that as you descend down the back you can insert more perpendicularly until you get down to the L2 area when you can insert fully perpendicularly.

Perpendicular insertion: 90°

This is the general purpose angle that, unless otherwise specified, is used for most points. On the lower back in the lumbar area from about L2 and downward you can safely insert at a perpendicular angle.

Direction of insertion

1. Related to the anatomy of the points

Note: Dr. Qiu uses the word “horizontally” a lot, but this seems to mean angling the needle to one side or other, up or down, or at an angle.

a. Head

You can direct anteriorly, posteriorly, laterally or at an angle. Some books and instructors might use the word “horizontally”. Often you are directing the Qi toward the site of a disease or away from the site of a disease and this will determine the direction of the insertion on the head. The [Yuyao](#) point, an extra point on the eyebrow, for instance can be used for eyelid twitching so you might want to aim it at the twitch. You might have a patient with nasal congestion or sinus problems so you might aim [LI 20](#) or [Bitong](#) toward the nose.

If you aren't directing the Qi specifically, do what is easiest. For instance, if you are needling Du 20 and aren't directing the Qi somewhere and you patient is supine (face up on the table), angle the needle toward the back of the head. If the patient is prone (face down), angle the needle toward the front of the head.

b. Face

Needles on the face can also be directed toward a manifestation (congestion, twitch, palsy, etc.) and so may be directed anteriorly, posteriorly, or at some angle. You'll see this commonly with [Yintang](#) which is often directed downward, with [Bitong](#) which is often directed toward the nose, etc.

c. Chest along midline

Often directed downward on the sternum. This is a shallow area, so you insert obliquely or transverse-oblique here, but this is also a strong point affecting the Lung and Qi. Since you want Lung Qi to descend, you angle the needle downward.

d. Chest at the lateral aspect

Needles in this area should be angled toward the outward edge of the body, following the body curve so that you are not angling the needle toward the Lung or other organ.

e. Upper and middle back

Needles here are inserted obliquely. The direction the needles are angled depends upon the location of insertion. Needles on the first Bladder line, 1.5 cun from the posterior midline for instance are angled inward medially. Needles on the second Bladder line, 3 cun from the posterior midline are angled laterally. Needles inserted on the Du channel, the posterior midline, are angled depending upon the angles of the spinous processes of the vertebrae.

f. Abdomen

Mostly inserted perpendicularly.

- g. Lower back
Mostly inserted perpendicularly in the lumbar spine region and on the gluteal muscles.
 - h. Four limbs
Inserted perpendicularly except in thin areas ([Lung 7](#), for instance or [Kidney 6](#)).
2. Related to disease
 - a. Toward affected area. Guide the needle and thus the Qi to areas you would like to affect
Example: treating urinary incontinence—angle needle downward toward this area.

Depth of Insertion

Depth of insertion is relative to the following

1. Age.
 - Children are small. Shallower insertion.
 - Old people shrink, shrivel, spaces between discs shrink. Shallower insertion.
2. Constitution
 - Big person (either fat big or muscle big or constitutionally big) versus little person (thin, small constitution, lean) for example. Bigger people can take deeper insertion.
 - Smaller people need a shallower insertion. Insertion depth is relative to constitution, muscle development, overall size, etc.
3. Area
Take into consideration the part of the body you are needling and what lies underneath. Also factor in how much muscle is here, and the depth you have to go to get Qi sensation.
4. Disease condition
 - For skin problems: shallow
 - For bone problem: needle close to bone
 - Steaming bones sensation: deeply
 - Blood deficiencies or chronic problems: deeper than not
 - External problems: shallower
5. Season and weather condition
 - In the Spring and Summer the Qi wants to go surface because Yang is up. The Qi will be more superficial at these times. Needle shallowly.
 - In the Winter and Fall the Qi hides inside the body more because Yin is strongest and Yin is deep in quality. Needle more deeply to connect with the Qi.
 - Sunny or rainy days also make a difference. When the weather is sunny, the Qi is up because these days are more Yang so you can needle more shallowly. On rainy or cool days the Qi is more inward because these days are more Yin, so needle more deeply.
6. Sensitivity of the patient
Some patients are more needle sensitive than others so they will get a Qi sensation more shallowly. Others are less sensitive so you may have to go deeper and maybe even manipulate more in order for them to get the sensation.

Cat's notes about Qi and Needling

This is a long description, but a fast thing to do.

Before anything else:

1. Above everything else, before I begin a treatment, I set an intention about what I want to accomplish for this needling session. It's important for me to remember that I don't have the power to heal but the energy/Qi I work with does. I usually start with something like asking that I be a good conduit for Qi so that the patient can get what their body needs for this time period. I often ask ____ (insert whatever you call your Higher Power here) to hold my Ego so that I can step out of the way and not block the Qi. I always silently thank my teachers for their sacrifice in training me as an attitude of gratitude puts me into a great healing space.

How long does this take? About 15 seconds, tops.

2. Do your interview, get the diagnosis and pattern differentiation, select treatments (acupuncture, moxa, cupping, medical qigong, etc) and points.

How long does this take? 20-30 minutes.

3. Before the treatment starts, do some Qigong

I've noticed that the more Qigong I do the easier it is for me to feel when the Qi hits the needle. I suggest starting the needling session with some simple Qigong:

- Stand with your feet apart and relax your body visualizing your cells opening up and away from each other a little so your own Qi flows more easily.
- Begin to inhale and lift your arms out from your sides palms up and visualize (or pretend or whatever words work for you) gathering Qi from both near to you and very far away. See it sticking to your hands as you continue to lift your hands up with soft but straight elbows.
- When your arms arc up so they are parallel to each other, palms facing each other and straight over your shoulders gently face your palms down, level with the floor, fingertips pointing toward each other. Begin to exhale and bring your palms down the plane of your body – basically down your Stomach meridian. Visualize Qi entering the top of your head and flowing down your body into the lower Dantian, which is the core of your body about 2 inches below your belly button and in the center of your body from front to back.
- Bring your flat palms all the way down to your lower abdomen so that your elbows are gently bent and facing out. You should be finishing your exhale at this point.
- Turn your palms out and move your arms out repeat this cycle. Do this a grand total of 3 times.

How long does this take? About a minute and a half if you do a regular Qigong or meditation practice. Worried your patient will think this is weird? Explain why you're doing it and that it will help you give them a better treatment or simply step out of the room and do it before you wash your hands.

Time to Needle

Now that your Qi is flowing, prep all the points you intend to use, set up your needles and you're ready to needle.

- After you pick up the needle and put it into the guide tube and press the end of the tube to the point, *see* the tip of the needle in your mind's eye even though it is going below the surface of the skin and isn't visible to your physical eye.
- Extend your energy into the needle so that it is an extension of you while it is in your hands. Fencing works like this too—you view the sword as an extension of your arm so that you have more control over it. If you have trouble with this, revert to your childhood and simply *pretend* you can do this. Pretending this is possible actually makes this possible. Sometimes it's the only way I can get past my own skepticism.
- Tap the needle in quickly and remove the guide tube. Ask your patient to let you know when they feel any new sensation at the site while you are inserting.
- Again using the needle as an extension of yourself, feel for the other person's Qi as you insert. I can't describe what this feels like because it will be different for everyone and might even be slightly different for different patients. Don't try to feel for a specific sensation, but for a "something different" in your fingertips. Try breathing into your fingers and just feel for the sensations passively.

If you don't feel anything, don't worry about it. The more you practice this the easier it will be to feel for that 'something.' You may need to manipulate the needle to get the Qi to come up and say hello. It could also be that you just don't get feedback from this person. Don't worry over it. Try your best, keep your Qi moving, keep your integrity, and trust that this person will get what they need.

Withdrawal of the needle

Withdrawal of needles is a part of the treatment too, not just a formality to keep from getting sued! After you have retained the needles for about 15 minutes, regulate your Shen. Use the Qigong methods described above or simply sit still, clear your mind, calm your body and let your breath get light and easy. These are all meditation methods you can learn in Medical Qigong or from a meditation class.

When you place your hand on the needle to withdraw it, pay attention to whether needle is grabbed by muscle. I recommend you see the needle as an extension of yourself again and feel down into the needle for how it has interacted with the tissue below. If it feels a little “stuck” do this:

- ◆ Manipulate the needle until sensation is loose
- ◆ Lift needle to the subcutaneous level
- ◆ Withdraw the needle.

You have 2 choices here: close the hole or leave it open. Which one you choose depends on what this patient needs. Most of the time you close the hole. Sometimes, as in the case of toxic heat, you might want to leave it open and allow it to drain energetically.

- To close the hole withdraw and then press the site of insertion with a clean, dry cotton ball. I give it a little twist like I’m pushing a round cover over the hole.

If there is a little bleeding, press with the cottonball until it stops then toss the cottonball in the wastebasket (Will Morris’ recommendation – I know the CNT part of the class says you have to put it in hazardous waste, but federal standards say you only have to do that if you can squeeze the thing and the fluids drip out. Hmmm. That’s a nasty image. For now, just do what Dr Qiu tells you to do since she’s the one grading you!)

If the cottonball is still clean and there is no bleeding or fluid, you can use it again for the next withdrawal.

- Leave the hole open - shake the needle to enlarge the hole (we’ll do that later)

Order of insertion and withdrawal:

- ◆ In general, UP → DOWN, MIDDLE → LATERAL
 - Insertion:
 - Du 20, Ren 17, Ren 6 first
 - LU 1 afterward, then ST 17, then Liv 14, LI 11, LU 7
 - Now go to sides
 - Removal:
 - Same order

In general, invigorate most important areas first. Sometimes want to bring Qi upward, so might start with St 36 to send Qi to stomach, then Ren 17, then later Du 20. So insertion order depends on what you are trying to achieve.