

Course:	Acupuncture Treatment of Disease 1	Date:	Oct 6, 2008
Class #:	3		

Quiz 1 next week

Case discussions + dx/tx/point selection

Re 4 needle: mother point on the mother meridian would be something like metal point on the metal meridian.

For this lecture, see the [first class handout starting at page 9](#).

Divergent and Tendino-Muscular Meridians (T-M m)

Divergent Meridians

There are 12 divergent meridians which diverge and converge from the main channels. They enter and exit certain body tissues.

Characteristics of the pathways

- 1) Diverge, enter, exit and converge are the key words in divergent channels. They diverge and converge to the regular/primary meridians whether they are yin or yang. They also finally combine with a primary channel, specifically, the Yang channel of the pair. (I.e., Lung will converge with LI primary, LI converges with LI primary...)
 - (i) They **diverge** from **large joints** such as hips, knees, popliteal fossas, shoulders, armpits, elbows.
 - (ii) They **enter abdomen or chest** and connects with its internal organs.
 - (iii) They **exit** at the **neck, face, head or cheek**.
 - (iv) They **converge** with related **Yang meridians**.
 Yangs diverge from and converge with the primary Yang meridian.
 Yins diverge from the Yin primary and converge with the paired Yang primary.
- 2) Divergents pass through the Heart Organ. Ten of them do this directly. Divergents transform Ying and Wei Qi to nourish other organs.
 - i) Go through directly
This is true of the St, Heart, SI, UB, GB meridians.
 - ii) Go through heart indirectly
This is true of Kidney, which meets heart at the root of tongue, and also of LV/GB, and SP
 - iii) Indirectly through the PC/SJ channels in the chest

Note: Different dynasties and time periods have emphasized different organs as the most important for the divergent meridians.

- (1) Heart was deemed the most important from the Nei Jing's theory of divergent meridians.
 - (2) Spleen was the emphasized organ during the Mind dynasty (15th century)
 - (3) Kidney got the highest importance in the 11th century
- 3) Divergents **supplement** distribution of the regular meridians and reach areas that the 12 primaries do not reach.
 - 4) Divergents emerge at **neck** regions, near or overlapping with the window of sky points.
There are 10 window of sky points, 8 of which are on the neck. One is on the arm, one on the trunk, two on the back of the head. Allergies are related to wei qi and the outside world, so you can use window of sky points for this. Because the divergent channels flow thru here it helps the wei qi to transform.
 - 5) No points on the divergent meridians because they run *deeper* than the regular meridians because they reach the internal organs. (I remember Dr. Wu talking about the "Qi street" during our Wild Goose Qigong class and describing it running down from ST 12 to ST 30, but more deeply than that.)

Functions

- 1) Strengthen the connection between the pairs of Yin and Yang primary meridians because the yin divergents connect with the yang primaries.
- 2) The divergents are closely related to Ying (nutritive) and Wei (protective) qi.

Because divergent pathways are connected to and pass through the Heart organ, they control the whole body through the flow of Ying and Wei Qi. Divergent meridians are the carriers of Wei Qi. Wei Qi is the carrier of Shen, connecting the whole body including the senses of smell, tactile sensation, vision and hearing, all of which are Shen related.

Windstroke, paraplegia, MS, etc, all of which affect the senses and motor functions are a result of the blockage of Wei Qi. Window of sky points promote the circulation of Wei Qi and help alleviate stress, treat numbness and tingling of the upper extremities. (Note: numbness/tingling of the upper limbs is called brachio-plexus syndrome and can be treated with the cervical jiaji points + window of sky points.)

A couple of bullet points to emphasize the above:

- a) Ying and Wei Qi are the spiritual parts of Qi (Energy) and Xue (Blood) while Qi and Xue are the substantial parts of Ying and Wei Qi.
- b) Ying and Wei Qi are the carriers of Shen. Because all of these divergents are closely in contact with the Heart, and the Heart is the storehouse of the Mind, they are then the carriers of Shen.
- c) Wei Qi syndromes will lead to the dysfunction of the extremities. Why? Because the divergents flow from the extremities to the heart. This is called *bu yong*. Ying Qi deficiency will cause numbness and muscle weakness for the same reason. This called *bu ren*.

Ying and Wei should be balanced for there to be health, both mental and physical. The inside of the body has more blood accumulated, so there is more Ying and less Wei. On the superficial areas, divergent is very shallow, so there is less Ying, but more Wei. Qi gets stronger at the superficial areas and thinner areas of skin. On the head where the skin is thin and there is less deep tissue, for instance, there is more Wei than Ying.

If the Wei Qi is strong, Qi in general is strong. If the Wei Qi is strong you don't have to stimulate with acupuncture very deeply at all. Bell's Palsy for instance, needle just deep enough to stand up. This is enough stimulate Wei Qi. Same for treatment of common cold and allergies.

Shallow stimulation in shallow areas, deeper in deeper areas.

The function of Wei Qi is to:

1. Form a defensive layer
2. Warm the body, as it is Yang in nature
3. Open and close the pores to maintain body temperature
4. Fill in and nourish the muscles

d) Wei qi comes to the surface in the morning when you wake and open your eyes.

e) The right side of the body's divergent meridians are digestive/respiratory in nature while the left side are emotional.

3) The 12 divergent meridians distribute wei qi to the head and face, yang areas. They also protect the body from allergies, wind invasions and the like. If one suffers from allergies or wind invasions, this is an indication that the wei qi is blocked or congested.

By similar token, if there is a strong reaction to a pathogen, this shows that the wei qi is healthy enough and flowing freely enough to put up a very respectable fight!

4) Divergent meridians integrate the body tissues as a whole, flowing from the joints to the Heart and to the face and sensory organs.

Example of all of the above:

Lung Divergent Channel

Diverges from the Lung primary channel at axilla and passes anterior to the Heart channel in the chest. It connects with the Lung organ and disperses in the LI. A branch ascends from the Lung, emerging at the supraclavicular fossa, ascending across the throat and converges with the LI *primary* channel.

LI Divergent Channel separates from the LI primary channel on the hand and ascends the arm to the shoulder at the LI 15. It travels medially to the spinal column then crosses to the supraclavicular fossa and descends to the thorax, breast, Lung and Large Intestine. A branch ascends to the supraclav fossa along the throat and unites with the LI *primary* channel.

Review the divergent in the Deadman material.

Distribution

Know this chart! Know the process for divergents too. All of this is board-focused and will be on our tests both for this class and the boards!

Meridians	Divergent	Enters	Exit	Converge/end ¹
** Foot Taiyan – UB Foot Shaoyin – KI	Popliteal fossa UB 40 Ki 10	Ab→kid and UB organs→thru diaphragm and enter heart organ	Neck	UB 10 window of sky ²
Foot Shaoyang – GB Foot Jueyin – LV	Hip – GB 30 Inner leg - LV 5	Abdomen→liver and gb organs→ thru diaphragm and enter HT organ	Outer canthus	GB 1
Foot Yangming – ST Foot Taiyin - SP	Lower ab – ST 30 Groin – SP 12	Abdomen→sp and st organs→thru diaphragm→enter heart organ indirectly	Mouth	Stomach: UB 1 Tongue: SP(no point associated with this one) ³
Hang Taiyang – SI Hand Shaoyin - HT	Shoulder – SI 10 Armpit – HT 1	Chest: HT and SI	Face	UB 1
Hand Shaoyang – SJ Hand Jueyin - PC	Head – Du 20 Hypochondriac region - GB 22 or PC1	Chest: PC and SJ. Connects to heart via PC	Retro- auricular region	SJ 16 window of sky
** Hand Yangming – LI Hand Taiyin - LU	Shoulder – LI 15 Chest – LU 1	Chest: LU and LI, <i>not</i> Heart	Supraclav fossa – ST 12	LI 18 window of sky

¹Use even methods at the convergent/end points of the divergent channels in order to regulate them.

²Window of Sky points promote circulation of Wei Qi and help with stress, numbness, tingling of upper extremities (brachio-plexus syndrome: cervical jia ji and window of sky points).

³Exception: Because the stomach divergent doesn't converge on the Stomach meridian, but converges at the Bladder meridian, the Spleen divergent does not and cannot converge with the Stomach and stays on the Spleen meridian pathway instead, ending at the tongue.

TendinoMuscular Meridians

Sinew channel distribution, using the Lung sinew channel as an example:

Originates the thumb at LU 11 and ascends to bind at the thenar eminence. Follows the radial pulse and ascends to the flexor aspect of the forearm and binds again at the center of the elbow. Continues along anter-lateral aspect of the upper arm to enter chest below axilla, emerges in the region of ST 12 and laterally to shoulder, anterior to LI 15. To supraclav region and descends into the chest. Spreads over the diaphragm and converges around the floating rib.

Generally, begins distally then concentrates to the trunk. During this process combines with the joints. Can thus use this theory to treat Bi syndrome, which often affects the joints.

Characteristics

Start, bundle, distribute and unite are the key words for Tendino-muscular theory.

All T-M meridians start at the terminals of the extremities and move toward the trunk of the body (because of the heart). The theory of the Tendino-Muscular meridians is far older than the theory outlining the 12 primary meridians.

- 1) Pathways of the 12 meridians are similar to the primary meridians
- 2) They start, bundle, distribute and unite at certain places.
 - a) Start at the terminus of the extremities
All of them, except for Kidney 1 on the sole of the foot, start at jing well points.
 - b) They bundle or attach at the big joints
Wrist, elbows, shoulders on the upper body and ankle, knee, and hip on the lower extremities.
 - c) They distribute to superficial organs, never connecting to internal organs.
Even if they go to the chest, they are still superficial, not deep.
 - d) There are no points on the sinew channels.
You use acupressure, tuina, shiatsu, rolfing, etc, but no acupuncture. Windstroke, flaccidity, etc respond best to physical work and massage.
 - e) Unite at the face, head and trunk.

Functions

- 1) Nourish the muscles, tendons and joints.
These are pathways for energy flow to the muscles, distribute nutrients to the soft tissues, skin and ligaments.

Remember that Wei Qi flows between the skin and muscles (Zhou Li). This is the theory in use when we hold the arms out and pull in the energy from the universe in Medical Qigong.

The function of Wei Qi is to 1) form a defense, 2) warm the body as it is Yang in nature, 3) open and

close the pores to maintain body temperature, and the 4) fill in and nourish the muscles.

- 2) The T-M m form the second defensive layer of the body...the skin is the first layer.
- 3) Extends and flexes the joints to be in control of muscle movement of extremities.
The T-M m is the external source of energy for the muscles

Fibromyalgia is a disease in which the internal organs are fine, but the tendino-muscular structures are affected. Fibromyalgia + chronic fatigue is a latent pathogen in the T-M m area (*zhou li*) between the muscle and skin layers. Shaoyang pivot.

Internal	External
Jing: Essence	Jing: ligament
Qi	Gu: bone
Shen: spirit	Pi: skin

Symptoms and Treatment

1) Symptoms

Joint pain, arthritis, spasms, numbness of extremities, limitation of movement, flaccidity, fibromyalgia (see note above), skin problems such as herpes zoster, eczema, or psoriasis, and so forth.

2) Treatment: acupuncture and massage.

3) Other treatment recommends by Dr. Luo:

- i) In cases of excess: reduce – high frequency e-stim, bleeding, needle with reducing techniques.
- ii) If is a case of deficiency: tonify either with mild e-stim, needling with tonification.

Note: to palpate abdomen during physical exam, patient may need to flex both hip and knee or the abdominal tendino-muscular meridian may be too tight.

Might ask areas or points that are tender... GB 22 is in the 4th intercostal space.

Distribution

Notes say to memorize this too.

T-M Meridians	Start	Bundle	Distribute	Unite
3 foot yang ST, GB, UB	toes – jing well points	big joints: ankle; knee; hip	lateral aspect of lower extremities; superficial area	cheek ST-3; SI-18
3 foot yin SP, LIV, KID	toes	big joints: ankle; knee; hip	medial aspect of lower extremities; superficial area	REN-3
	fingers	big joints: wrist;	lateral aspect of upper	
3 hand yang LI, SI, SJ		elbow; shoulder	extremities; superficial area (lateral extensor of humeral epicondyle: tennis elbow)	GB-13 temporal area
3 hand Yin LU, HT, PC	fingers	big joints: wrist; elbow; shoulder	medial aspect of upper extremities; superficial area (medial flexor of humeral epicondyle: miner's elbow)	GB-22

Key point to all of this is keep it superficial.

Depths of the body from most superficial to deepest (well, the physical stuff anyhow. Some theories of existence say that we have several energetic bodies before they get concentrated enough to be detected by our senses):

- Skin area is the most superficial areas of the body. This belongs to the collateral/Luo channels.
- Minute luo/collateral channels. There are countless numbers of these. And that's the first time I've ever heard of that!
- Sinew
- Jing ...main channels
- Divergent channels
- Fu organs
- Zang organs

Extraordinary channels/vessels overlay the main channels. Some theories say that they are deeper than the main meridians, however.

How many countable meridians in the body?

Grand total of 71. See the [Foundations II lecture, class 6](#). Pages 4-5.

Case Discussions

Zhang, a 42yo male comes in with the chief complaint of irritability

He has been suffering from irritability for about 2 weeks and has a bitter taste in his mouth, thirst with desire for drink, tossing and turning. He has severe headache in the temple area with burning pain in the hypochondriac region, constipation, hot and yellow urine which burns. His tongue is red, redder on the sides. His pulse is very wiry on both sides.

- 1) Diagnosis?
 - a) Excessive heat in stomach organ
 - b) Yang excess if the large intestine
 - c) **Hyperactivity in liver organ.**
 - d) Heart excessive fire.
- 2) What are the points you would use if you chose 4 needle technique?
 - a) **Tonify LV 4 and LU 8; sedate LV 2 and HT 8**
 - b) Tonify LV 3 and SP 4; sedate LV 5 and HT 7
 - c) Sedate SP 3 and LV 2; tonify Ht 8 and LU 9
 - d) Sedate LV 4 and HT 8; tonify K 10 and LV 8

Zhao, a 76 yo male suffers from lower back pain for over 5 years. He has frequent urination for the same period of time. He often feels tired and has a poor appetite. He has had a common cold for 2 days with less sweating, slight aversion to wind and cold. His pulse is superficial but weak.

- 1) What is the diagnosis?
 - a) Heart and LU Yin xu with W/C invasion

- b) Ki and LU Qi xu with cold invasion
 - c) SP and KI Qi xu with wind/cold invasion
 - d) Kidney Yang xu with cold invasion
- 2) What is the treatment principle?
- a) Nourish heat and Lung yin and remove wind-cold pathogens
- 3) What group of points?
- a) HT 7, LU 9, SP 6, BL 15, BL 13, GB 20, BL 12
 - b) LU 9, KI 3, BL23, LU 7, LI 4, BL 12, SJ 17
 - c) ST 36, LI 10, BL 12, GB 20, BL 20, BL 23
 - d) Ren 4, Ren 6, BL 23, DU 4, BL 12, GB 20

Quiz 1 exam:

40 questions. 6 cases in it. Must be able to analyze, just like the case studies he gave in the lectures thus far. Be able to rule out what doesn't fit if you don't know the answer right away.

Know 4 needle technique—know the chart on your own!!!

Know yin/yang and symptoms

Know stages of disease – beginning and end especially.

Know front mu/back shu – know 'em! Review them all. Know lower he sea, too. Basically, if it's in the lecture, cover it.

Know the charts in this lecture. Know origination, convergence especially. Know the nature of the two theories. Which has points/not, which is superficial/deep, what are the distribution char's

Know all of the cases and discussions so far!!! He emphasized this.