CMAC211

Session 6

Guide tube insertions

Chinese Medicine

Department
Pre Readings

Pre Readings

Palpation

- Important question like “what is an acupuncture point?” need to be addressed.
- In Chinese literature, the most common term is made up of two characters 胥穴 (shū xué).
- The first of these characters describes water-like movement and activity.
- The second represents a kind of dug-out open space which serves as protection like cellars or basements.
- So put together the characters illustrate points as unique places on the body where significant movement and activity is taking place.
Translations

- 节 (jié)- A node, holiday, pause, partition
- 輸 and 脈 (shù and shū)- transport
- 脈穴 (shū xué)- acupuncture point
- 穴 (xué) – cave/hole
- 穴位 (xuéwèi)- acupuncture point

Nexus is another translation

Robertson & Gamgoneishvili, 2015
Mai: Vessel

“The vessels start to form in order to circulate nutrients, and the muscles and tendons to make the body strong.”
- Kendall, 2002, p144
Jingluo translations

- 12 pairs of matched longitudinal arteries and veins (six pairs on each half of the body) comprise the organ related main distribution vessels 经脉 (jingmai)
- The collateral branches 络脉 (luomai) of the main vessels supply tissues in the superficial and deep areas of the body
- Collateral vessels divide into fine vessels (sunmai) which comprise arterioles capillaries and venules

Kendall, 2002, p144
節 (Jie) – Node or Nexus

- Fine branching of vessels (sunmai) in the skin form networks called critical junctures comprising neurovascular nodes (acupoints)
- The critical junctures are節 (jie) or nodes
- See an explanation of acupuncture points or nodes here

Kendall, 2002, p144, p149
Video: Singing Dragon, 2014
Jingluo and Jie

Fine Vessels-Sunmai
Arterioles, Venules
and Capillaries

Nodal Sites-Jie/Xue

Propagated Sensation Pathway

Skin

Muscle
Tissue

Superficial
Lymphatics

Veins

Arteries

Longitudinal Distribution
Vessels-Jingmai

Collateral Vessels-Luomai
at each Node Location

Connecting-Luomai
Between Paired Zangfu
Vessels in the Extremities
and Other Regions of Body

Kendall, 2002, p150
Acupuncture Points

- The movement and activity is the qi and blood
- The places are small openings within the connective tissue matrix of the body
- Finding acupuncture points does rely on proportional measurement AND palpation
- The points themselves are active participants in the physiology
- The 1950’s English translation of ‘point’ describes needle insertion and has taken away from the Chinese term 穴位 (shū xué)

Wang & Robertson, 2008 p421
Fixed vs Fluid

- The English translation may be a translation that appears in more modern texts as shū wèi where the second character refers to a fixed point.
- “Points are places on the body surface from which there is transformation and transportation of information, regulation of channel and organ function, irrigation of surrounding tissues, and connectivity to the channel system as a whole.”

Wang & Robertson, 2008 p422
Image: Naturemed 2010
Acupuncture Points

- These points via the circulation of qi and blood, are unified in a channel system which ultimately links the organs of the body to the distal appendages.
- Through this, the channels and points play an active role in both physiology and pathology.
- When a needle is inserted it will not only affect the local tissue but the entire associated channel and organ.
- Many acupuncture points are not in the tissue (skin, flesh, sinews and bones) but the empty area surrounding them.

Wang & Robertson, 2008 p422-3
Interstitial Fluids

- The channels are transformations happening in the interstitial fluids
- The Heart channel is made up of spaces which surround nerves, muscles, bones, tendons, and the vessels along the medial forearm

Robertson & Gamgoneishvili, 2015
The Flowing Stream

Effective points are areas with a concentration of flow.

Sometimes, an area very close to a major concentration will have significantly less flow. Careful point location is important.

Fig. 15.2
The precise location of these points varies from person to person, just as the flow in a stream or river will vary with time and place.

Wang & Robertson, 2008 p428
Explanation of the diagram

- Stream flowing through the valley, this is the channel which is determined by the topography of the landscape.
- Rock and trees along the pathway affect the nature and direction of the flow; areas of concentration can be likened to acupuncture points.
- A sudden blockage due to a fallen tree may have dramatic effects above and below the blockage.
- Acupuncture points are sites on the body with a tendency to have both intersections with broad effects on systemic flow.
- The precise location of these can vary from person to person.

Wang & Robertson, 2008 p426-7
Shudo Denmei

- A senior Japanese acupuncturist Shudō Denmai talks about active points; these are living or reactive.

- Categories of active points

<table>
<thead>
<tr>
<th>Depressed points</th>
<th>Protrusion (raised points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Softness</td>
<td>Hardness (blood stagnation)</td>
</tr>
<tr>
<td>Numbness</td>
<td>Tenderness</td>
</tr>
<tr>
<td>Warmness</td>
<td>Coolness</td>
</tr>
<tr>
<td>Dryness</td>
<td>Abnormal moisture</td>
</tr>
</tbody>
</table>

- The anatomical location is important, but then you need to look for the point to needle through accurate palpation.

Denmai, 2003, p6-7
Brown, S, 2015
Points selected today

- These points do require specific palpation skills to locate them correctly and needle effectively
- Many are in very tight spaces

Deadman, 2007, p376 & p344
## Channel Palpation

<table>
<thead>
<tr>
<th>Technique</th>
<th>Significance</th>
</tr>
</thead>
</table>
| Generalised hardness and tightness | • Palpate all along the channel.  
• Use mid-level pressure  
• Carefully note which channels are involved  
• Sensation should be broad | • Acute condition  
• Compromised function and/or circulation in the channel and/or organ  
• Maybe cold in the channel |
| Deep hardness/nodules | • Palpate along the channel stopping to circle around smaller changes.  
• Pay attention to shape  
• Note quality (slippery, soft, fixed etc.) | • Accumulation of dampness, phlegm, blood in the channel and/or organ  
• Chronic condition |

Wang & Robertson, 2007 p19
# Channel Palpation

<table>
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<th>Technique</th>
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<tbody>
<tr>
<td>• Deep hardness/ nodules can further be divided into:</td>
<td>• Qi/ Yang deficiency</td>
</tr>
<tr>
<td>• Very hard nodules</td>
<td></td>
</tr>
<tr>
<td>• Defined hard nodules</td>
<td></td>
</tr>
<tr>
<td>• Hardness in a line (like bamboo)</td>
<td></td>
</tr>
<tr>
<td>• Long stick like hardness</td>
<td></td>
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</tbody>
</table>

**Softness or weakness**

- Run fingers carefully and lightly along the entire course of the channel
- Note which points are weak

*Wang & Robertson, 2007 p19*
What to Look For

- A deep hard nodule found along the course of a channel often indicates significant cold or blood stasis.
- These nodules can be found when pressing relatively hard when going along the course of a channel.

Wang & Robertson, 2007 p23
What to Look For

- Defined hard nodules that are easily moved and slippery/ smooth often indicate damp and phlegm
- These can be felt at either deep or shallow levels.
- They will sometimes feel almost like a small bubble (as opposed to a small mass).

Wang & Robertson, 2007 p23
What to Look For

- Hardness in a bumpy line that feels like a piece of bamboo indicates a chronic condition.
- The nutritive ability of the fluids is compromised.
- These types of changes might also include a series of small nodules in a row along a relatively large portion of the channel.

Wang & Robertson, 2007 p23
What to Look For

- Long stick-like changes that are not bumpy most often indicate an acute condition.
- The lines may also cut perpendicularly across the course of the channel.
- There may be infection or inflammation in areas associated with the channel or associated organ.

Wang & Robertson, 2007 p23
Angles of Insertion
Angles of Insertion

- Standard angles of insertion include:
  - Perpendicular insertion
  - Oblique insertion
  - Transverse insertion

Lian et al, 2005, p15
Perpendicular Insertion

- In this method, the needle is inserted perpendicularly (90°) to the skin.
- Most points are needled in this fashion
- SP6’s perpendicular is different to CV4 perpendicular
- It is used on muscular or adipose areas of the body
- It is also determined by the depth of tissue in the area

Lian et al 2005, p15, Chang, 2011 p37
Oblique Insertion

- The needle is inserted at an angle of between 30° and 50° to the skin surface.
- Oblique insertion is used where the soft tissue is thinner.
- Avoiding a pneumothorax.
- And where the structure being treated is located at an oblique angle to the insertion point.
- Used on the head and chest areas.

Lian et al 2005, p16, Chang, 2011 p37
Transverse (horizontal) Insertion

- Needle is inserted between 5° and 15° to the skin surface.
- This technique is applied to areas with a very thin soft tissue layer, for example, the skull and face.
- This technique is used when threading points in a line such as ST4 to ST6 or ST3 to LI20.
- Particularly used in scalp acupuncture.

Lian et al 2005, p16, Chang, 2011 p37
Depths of Insertion

- A few factors at play here and angle is needed as well
- Anatomical location - deep enough to get qi
- Anticipated location of the structure which is to be stimulated by needling
- Physical build
- Constitution
- Dysfunction profile (presenting disease)
- As a result, this can only be general guidelines with specifics needed on a case by case basis
- Check points individually can range from less than 1mm to 7-10cm

Lian et al 2005, p15
General Guidelines of Depth

- Children and thin patients shallow needling is applied
- Well-built, athletic or patients with higher levels of adipose tissue will require deeper needling
- Patient displays moderate or acute pain more superficial needling may be required
- Patients with paralysis or severe chronic conditions may need deeper needling
- Anatomical and topographical knowledge are essential in acupuncture especially in the case of greater needling depths
- Type of needle used can also be something to consider

Lian et al 2005, p15
Using Guide Tubes

- When needling in certain angles
- Start the guide tube in the direction that you will end up.
- So if you are doing a transverse insertion, start the needle transversely on the patient, not perpendicularly, and then change direction once it's in.
- This can be painful; bunch up the tissue and make it harder to get the needle in.

Lian et al 2005, p15
Use enough pressure

- When pressing the guide tube to the skin, you need enough pressure to make the needle site taught.
- That is the purpose of the guide tube.
- When removing the guide tube, you should be able to see a mark.

Images: Mannix B, 2016
Explore the Anatomy

- In class have a look at
  - Visible Body
  - Visible Body Muscle Premium

- Just log in with your Endeavour details

Argosy Publishing, 2015
Be careful of the median nerve

Slow and steady wins the race here

Image: Netter, 2014, plate 447
Practical Component

- We are taking an excise in palpation this week and doing points that lie between different structures
- Lecturer to demonstrate the following
  - PC6 between two tendons
  - KI6 between two ligaments & another tendon
  - GB41 between two bones and a tendon
  - LI10 in the groove in the muscle
  - KI7 next to a tendon
  - LU7 between 2 tendons and a bone
  - ST41 between 2 tendons
Points for Next Week

- Free hand needling will be introduced next week
- Points to be covered will be
  - SP10
  - LI11
  - ST36
  - GB31
  - Yintang
  - Taiyang
  - LI20
  - LU9
References

- Mannix, B, 2016, Guide tube pressure, private collection
- Mannix, B, 2016, Guide tube mark, private collection
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