

Meridians and Acupoints I

Class 2

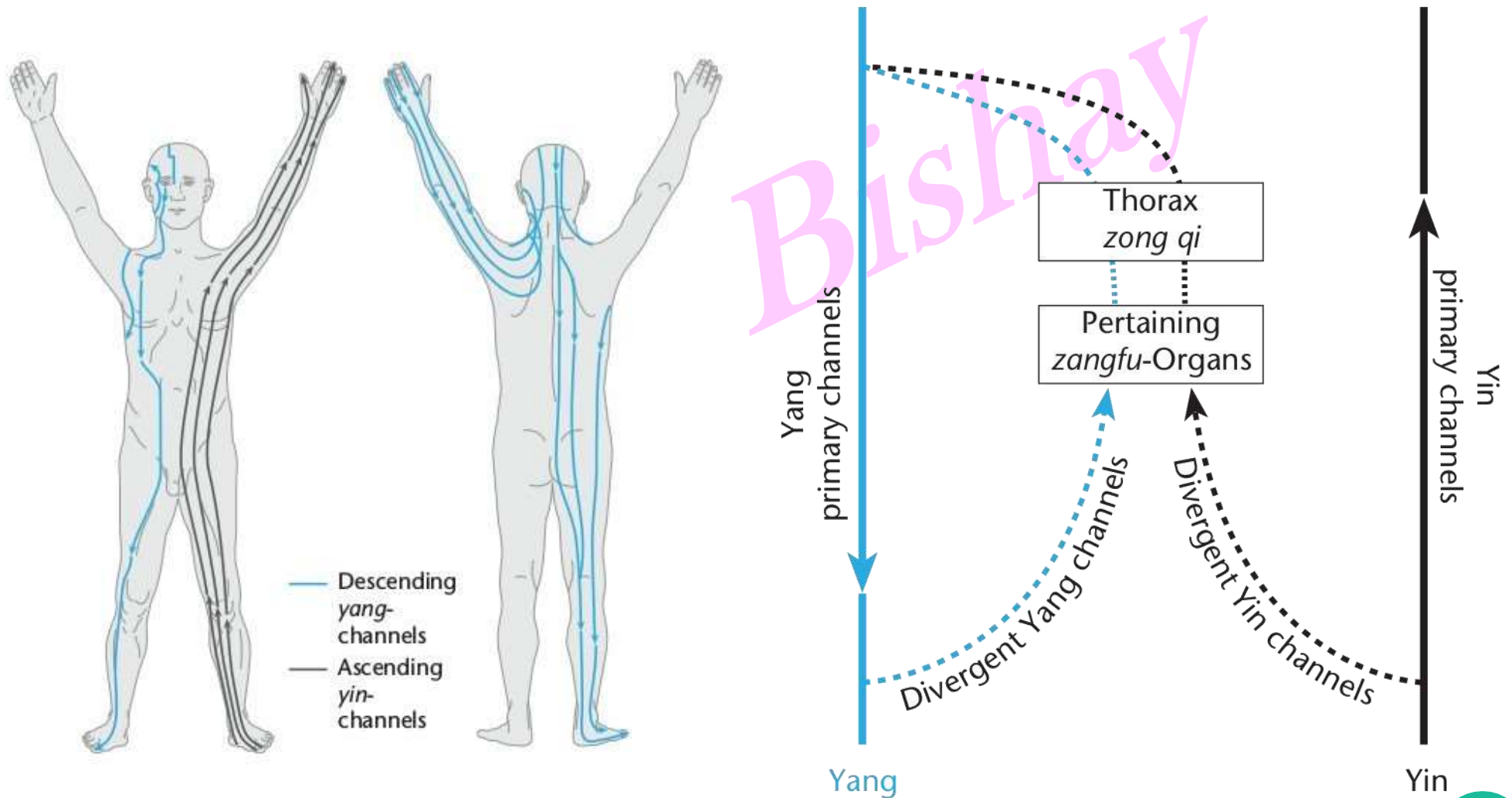
Overview

- Review
- Ying Qi Flow
- Types of Channels
- Measurements
- Anatomical Position

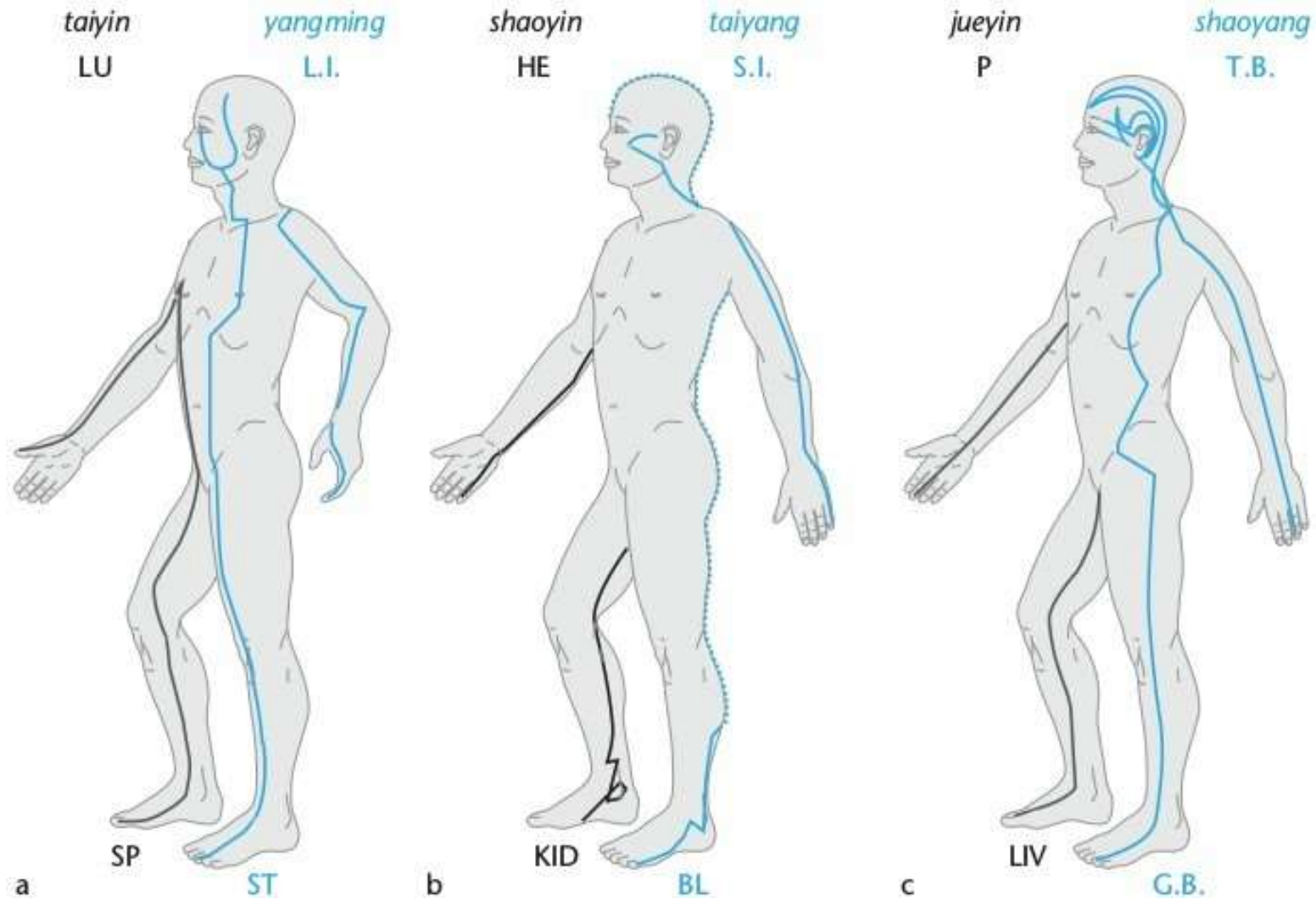
Review

- What are channels?
- Functions of channels.
- Types of Qi
- Wei Qi Flow

Ying Qi Flow



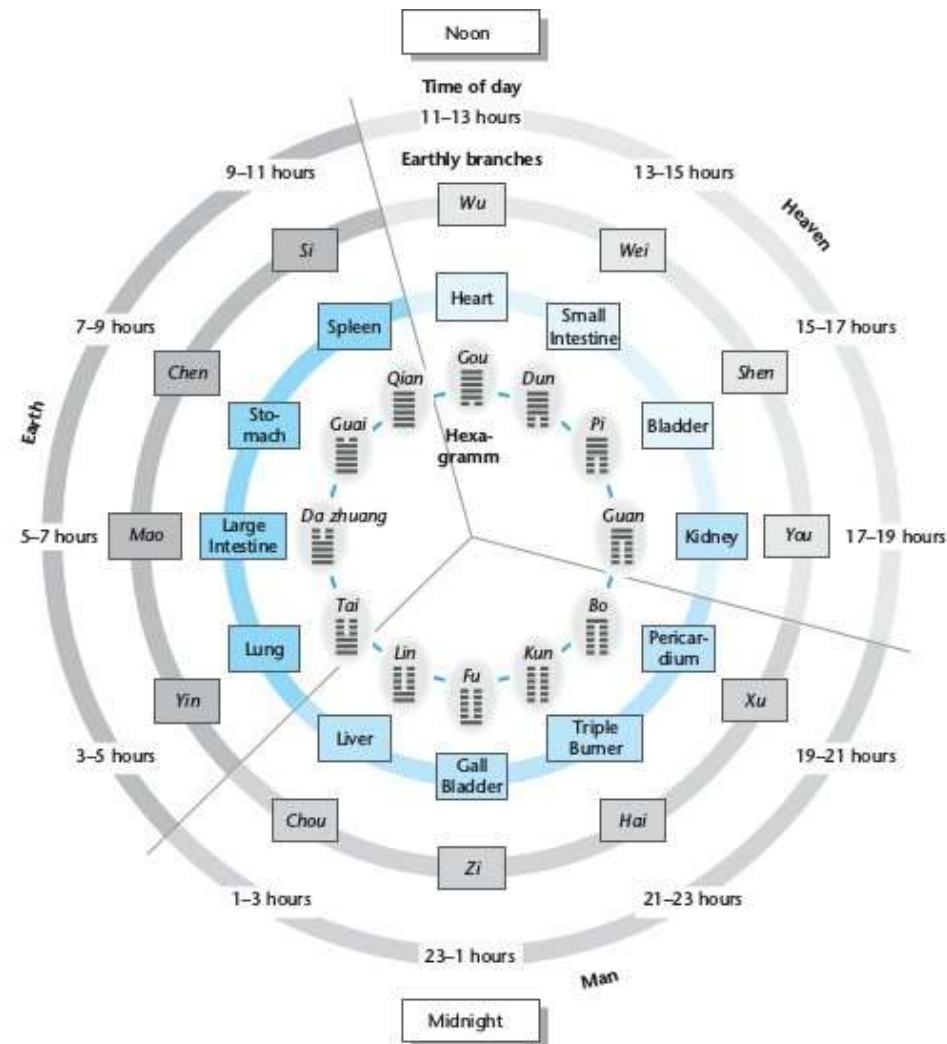
Ying Qi Flow



Ying Qi Flow

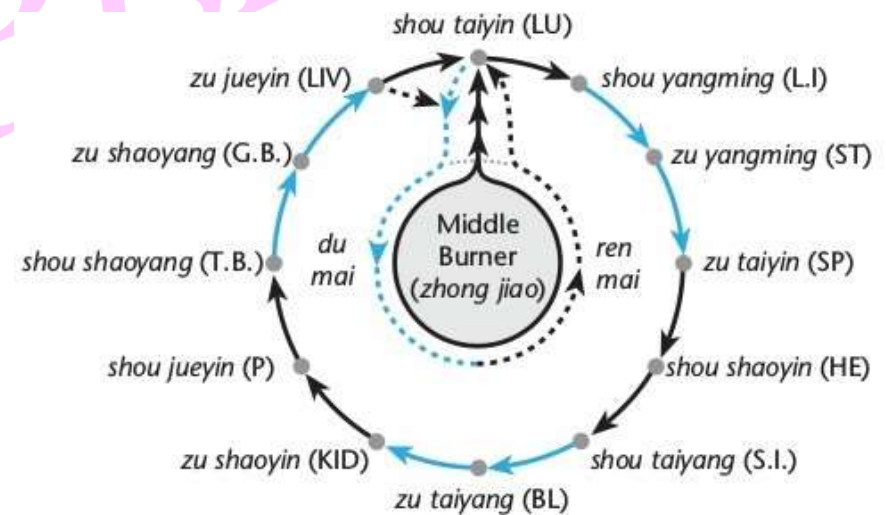
First circuit					
Channel	Time	Starts	Terminates	Hand/foot	
LU	3–5 a.m.	Thorax	Finger tips	Hand (<i>shou</i>)	<i>taiyin</i>
L.I.	5–7 a.m.	Finger tips	Face	Hand (<i>shou</i>)	<i>yangming</i>
ST	7–9 a.m.	Face	Tips of the toes	Foot (<i>zu</i>)	<i>yangming</i>
SP	9–11 a.m.	Tips of the toes	Thorax (Heart)	Foot (<i>zu</i>)	<i>taiyin</i>
Second circuit					
H	11 a.m.–1 p.m.	Thorax	Finger tips	Hand (<i>shou</i>)	<i>shaoyin</i>
S.I.	1–3 p.m.	Finger tips	Face	Hand (<i>shou</i>)	<i>taiyang</i>
BL	3–5 p.m.	Face	Tips of the toes	Foot (<i>zu</i>)	<i>taiyang</i>
KID	5–7 p.m.	Tips of the toes	Thorax (Pericardium)	Foot (<i>zu</i>)	<i>shaoyin</i>
Third circuit					
P	7–9 p.m.	Thorax	Finger tips	Hand (<i>shou</i>)	<i>jueyin</i>
T.B.	9–11 p.m.	Finger tips	Face	Hand (<i>shou</i>)	<i>shaoyang</i>
G.B.	11 p.m.–1 a.m.	Face	Tips of the toes	Foot (<i>zu</i>)	<i>shaoyang</i>
LIV	1–3 a.m.	Tips of the toes	Thorax (Lung)	Foot (<i>zu</i>)	<i>jueyin</i>

Ying Qi Flow



Ying Qi Flow

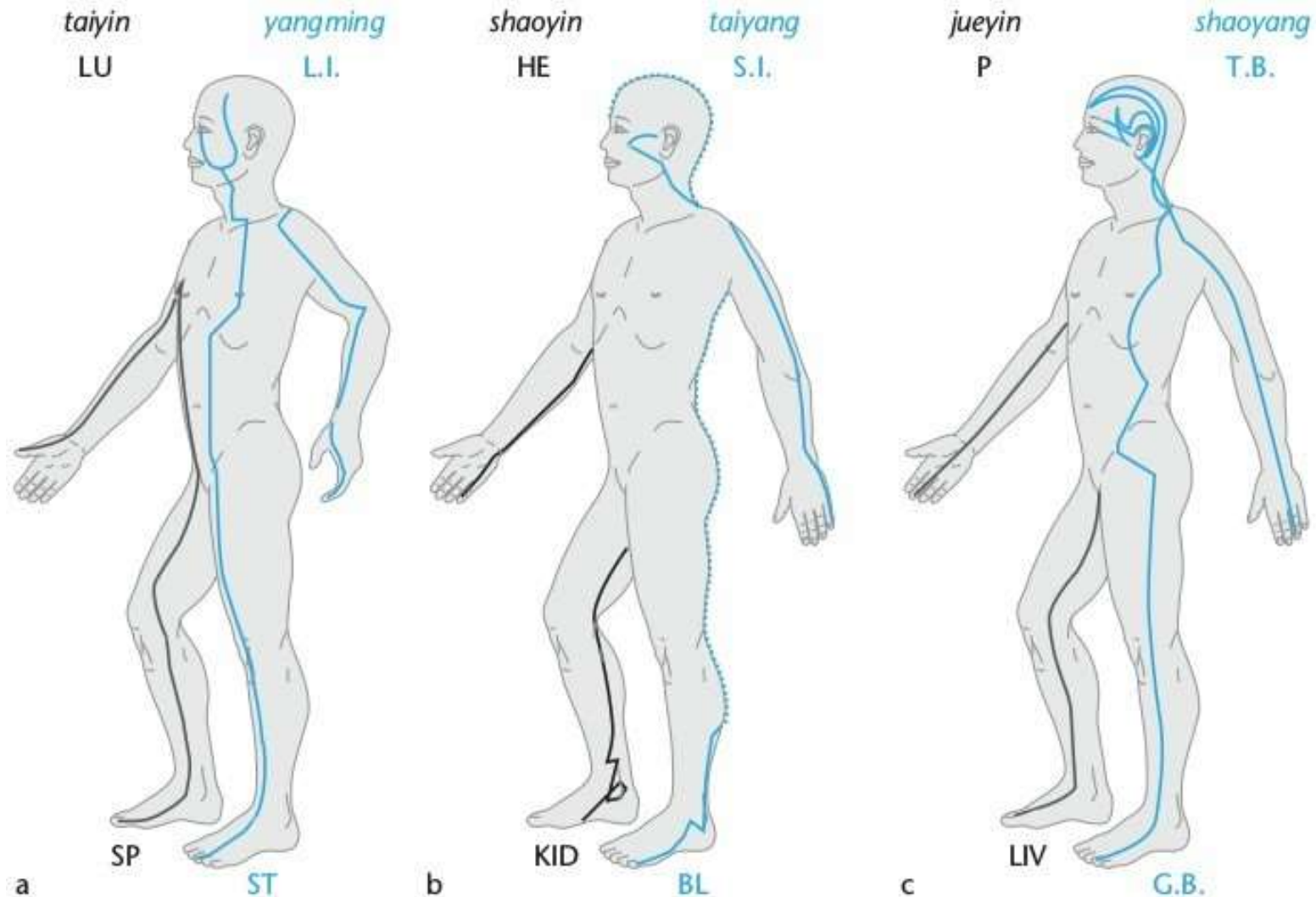
- Secondary Flow:
 - Deep pathway of Liver channel
 - From LV14 to Du20
 - Flow through Du, then Ren
 - Ren22, enters Lung channel via ST12



12 Primary Channels

- Run vertically, bilaterally, and symmetrically
- Yang Channels run downward; Yin Channels flow upwards
- Yin Channels run on yin surfaces
- Yang Channels run on Yang surfaces
- Named for their Yin/Yang and ZangFu relations
- Separate hand and foot channels

12 Primary Channels



12 Primary Channels

- Connect the interior to the exterior
- Connect the zang-fu to each other
- External pathway are where the points lie
- Yin Yang channel pairs
 - Tai Yin - Yang Ming
 - Shao Yin - Tai Yang
 - Jue Yin - Shao Yang

12 Primary Channels

- **6 Great Channels**

- **Root Point:** minimum energy; end point at foot
- **Binding Point:** maximum energy
 - **Tai Yang:** BL-1; **Shao Yang:** SJ-21; **Yang Ming:** ST-1
 - **Tai Yin:** Ren-12; **Jue Yin:** Ren 18; **Shao Yin:** Ren 23
- **6 Confluent/Connecting Points**
 - LU-1; PC-1; HT-1; UB-1; GB-1; ST-1

Luo Connecting Vessels

- 15 or 16 Luo Connecting Vessels
- Network that spans the entire body
- All connect with the Great Luo Connecting Vessel of the Spleen (at SP-21)
- Distribute Qi and Blood internally, and towards the surface
- Da Luo - Sun Luo - Fu Luo - Xue Luo

Luo Connecting Vessels

- **12 Luo connecting vessels:**
 - Related to Primary Channels
 - Branch off at extremities
 - Connect Yin and Yang pair (LU 7 to LI 4)
 - Makes other connections
- **2 Luo connecting vessels of Ren and Du**
- **Great Luo of Spleen & Great Luo of Stomach**
- **All originate at specific points (except Great Luo of Stomach)**

Luo Connecting Vessels

- Pathogens enter via the superficial luo
- Qi or Blood stagnation manifest in the Luo
- “New diseases are located in the primary channels; old diseases lodge in the luo connecting channels”
- Plum Blossom Needling; Bloodletting; Cupping; GuaSha; Moxibustion

Divergent Channels

- No separate points
- Branch off of primary channels at extremities (except TB, at head)
- Centripetal flow (TOWARDS THE CENTER)
- Yin channel enter zang, fu, then return to related Yang Primary Channel
- Yang Channel enter fu, zang, then return to related Yang Primary Channel
- All channels, except LU, LI, KD, enter thoracic region and HT - communicates with Zhen(FINAL) Qi, Zong(FOOD & AIR) Qi, and Yuan (ORIGINAL)Qi

Divergent Channels

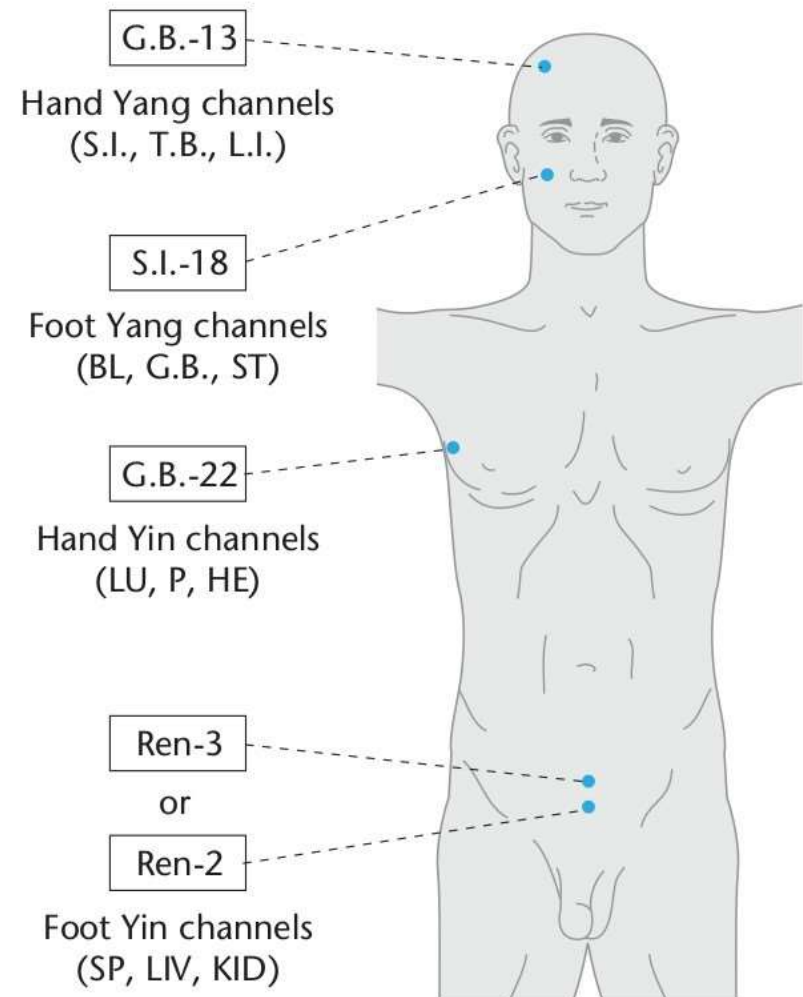
- Related to the flow of Wei Qi into, and Yuan Qi out of, the body
- Flow of Yuan **Yang** Qi and Wei **Yang** Qi
- Strengthen the connections of the entire body
- Connect the Yin channels to the head
- Useful in treating Shen disorders

12 Sinew Channels

- Follows lines of muscles, tendons, ligaments: fascia meridians
- Similar path to superficial primary channels
- No points; no direct connection to zangfu
- Covers areas not reached by other channels
- **Manifests Ashi points**
- UB-GB-ST-SI-TB-LI-SP-LU-LV-P-KD-HE

12 Sinew Channels

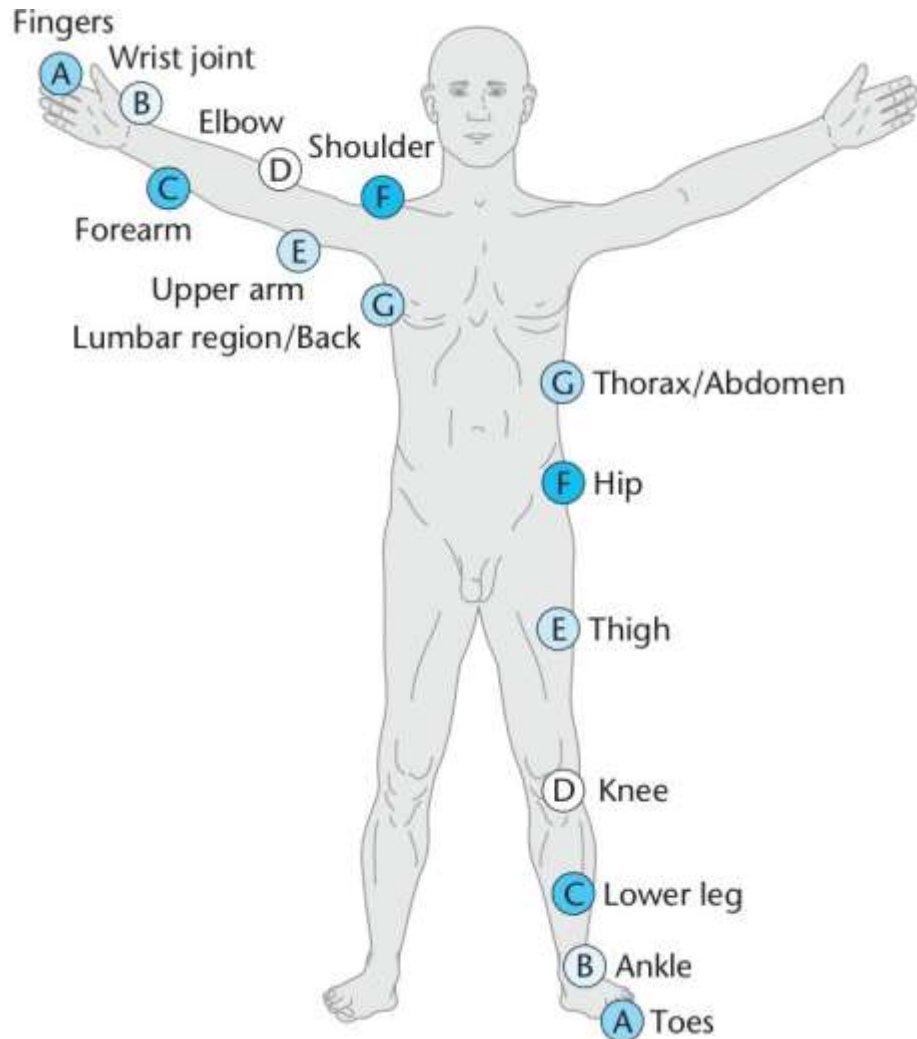
- **Begin at extremities, towards trunk**
- **Binds at specific points**
- **Distribute Qi and Blood**
- **Integrate muscle, sinew, ligaments with joints**



12 Sinew Channels

- Governed by the Spleen and Liver
- Nourished by the Qi(SINEWS) and Blood(FLESH)
- Depend on the Pericardium and SanJiao
- Protective coat; pathogens stored as muscular tension
- Manifests muscular issues: **Bi**; weakness; paralysis; tension; ROM; strains; trauma; etc.
- **Ashi points**; cupping; tuina; Plum Blossom needle; moxibustion; GuaSha

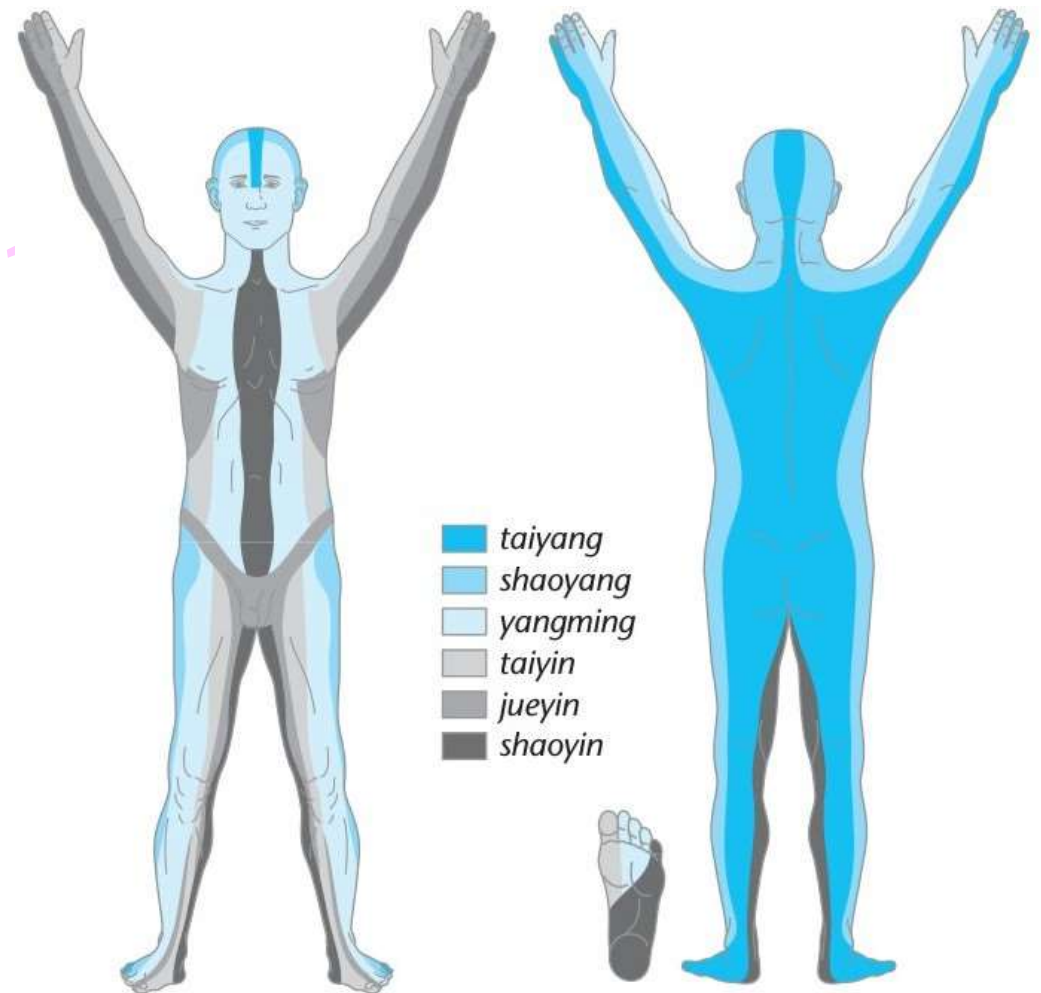
12 Sinew Channels



- **Special needling for ROM and pain:**
 - Needle corresponding distal point
 - Simultaneous movement of affected region
 - ***Contralateral; Bilateral; or Ipsilateral***

12 Cutaneous Regions

- Areas of the skin overlying channels and vessels
- Named after the six great channels



12 Cutaneous Regions

- Circulate blood and Qi to surface
- Regulate skin and pores; strengthen defenses
- Depends on Lung Qi
- Reflects condition of body and organs: sensations, colour, lesions
 - Blue/green; red; pale, white; etc.
- Plum blossom needles; GuaSha; cupping; tuina; superficial needling

Eight Extraordinary Meridians

- **Deep reservoirs** of Yin, Yang, Qi, and Blood (IDEAL TO RESTORE DEFICIENCIES)
- Makes connections with the **Primary Channels**
- Connected to the **Yuan Qi** Flow
- from lower limbs to head

Eight Extraordinary Meridians

(IMPORTANT COMPARISONS)

	Primary channels	Eight extraordinary vessels
Points, trajectory	Specific, bilateral points	Only the <i>ren mai</i> and <i>du mai</i> have their own points (and internal pathways); all other extraordinary vessels ‘borrow’ points from the primary channels. The four central vessels are unilateral (except for the <i>chong mai</i> , which also has a pathway on the extremities); the four peripheral vessels are bilateral.
Circulation	Continuously circulate <i>Nutritive Qi</i> and Blood	Circulate Essence Qi, Nutritive Qi and Defensive Qi, but according to some authors they do not have a continuous flow of Qi
Depth	Superficial, external pathway and a deeper, internal pathway; directly connected to their pertaining <i>zangfu</i> -Organs	Compared to the internal pathways of the primary channels they are more superficial, compared to the external pathways of the primary channels they are deeper. They have no direct connection to the <i>zangfu</i> -Organs, but their origin – especially of the four central vessels – lies deep within the body.
Connections	They connect the Exterior and Interior (through internal/ external pathways and through Yin/Yang channels) as well as above and below (hand–foot pairing, axes)	They do not connect the Interior with the Exterior, nor do they connect Yin and Yang.
Functions	Guide excess to the eight extraordinary vessels or to other secondary channels	Reservoir function: excess of Qi and Blood in the primary channels flows to the eight vessels and are stored there. In times of deficiency they are transported back into the primary channels.
Diagnosis	Diagnosis based on channel theory (meridian therapy), in TCM according to the <i>ba gang</i> (<i>zangfu</i> , pulse and tongue)	Diagnosis is characterised by specific arrays of symptoms and specific pulses.

Cun Measurement

- Proportional unit of measure
- **Dependant on hand size**
- Varies on body region
- Standard measures for each body region



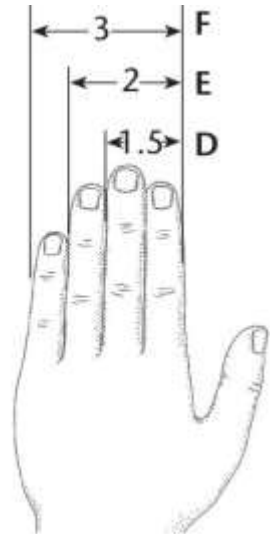
A:
1 cun:
thumb



B:
2 cun:
index finger



C:
1 cun:
middle finger



D:
1.5 cun:
finger-width

E:
2 cun:
finger-width

F:
3 cun:
finger-width

Cun Measurement

Head

Longitudinal	12 cun	From the anterior (→ 3.1.1) to the posterior hairline (→ 3.1.5)
	3 cun	From the midpoint of the eyebrows to the anterior hairline (→ 3.1.1)
	3 cun	From the lower border of the spinous process of C7 (→ 3.4.1) to the posterior hairline (→ 3.1.5)
	18 cun	From Ex-HN-3 (yintang) to Du-14
Horizontal	9 cun	The distance between the mastoid processes (→ 3.1.4)
	9 cun	From corner to corner on the forehead (ST-8 to ST-8)

Thorax and abdomen

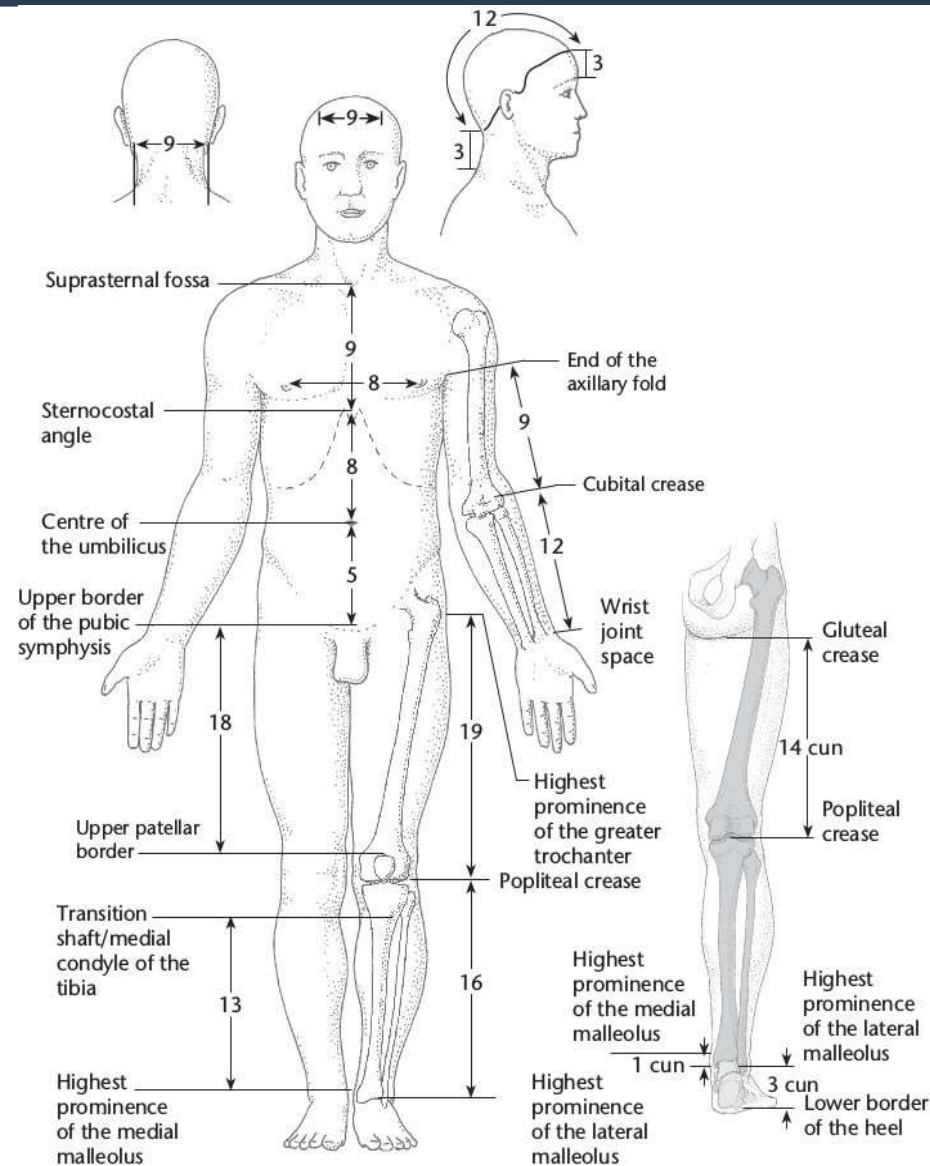
Longitudinal	9 cun	From the suprasternal depression (Ren-22) to the sternocostal angle (→ 3.5, xiphosternal synchondrosis)
	8 cun	From the sternocostal angle (→ 3.5, xiphosternal synchondrosis) to the centre of the umbilicus
	5 cun	From the centre of the umbilicus to the upper border of the pubic symphysis (→ 3.5)
Horizontal	8 cun	The distance between the two nipples
Laterally longitudinal	12 cun	From the end of the axillary fold to the tip of the free end of the 11th rib (LIV-13)

Back and lumbar region

Both the spinous processes and the intercostal spaces are used for orientation. Main reference points are: the spinous process of C7, the inferior angle of the scapula (level with T7), the iliac crest (level with the spinous process of L4), the posterior superior iliac spine (PSIS) (level with S2 or the 2nd sacral foramen). Please note: the position of the patient (standing, sitting, lying) as well as individual anatomy and spinal structure (kyphosis, lordosis etc.) all influence the level of the vertebrae, which consequently may vary considerably in relation to other anatomical structures. For more detail → Chapter 3.

Longitudinal	30 cun	From the spinous process of the T1 to the tip of the coccyx
Horizontal	3 cun	From the medial border of the scapula to the posterior midline (spinous processes), with the shoulder relaxed and hanging arms

Cun Measurement



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Cun Measurement

Upper extremity		
Lateral	9 cun	From the end of the anterior axillary fold to the transverse cubital crease
	12 cun	From the transverse cubital crease to the wrist joint space (→ 3.3.3, transverse wrist crease)
Lower extremity		
Lateral	19 cun	From the highest prominence of the greater trochanter (→ 3.6) to the popliteal crease
	16 cun	From the popliteal crease to the highest prominence of the lateral malleolus (→ 3.6.2)
	14 cun	From G.B.-34 (anterior and inferior to the head of the fibula) to the highest prominence of the lateral malleolus (→ 3.6.2)
	3 cun	From the highest prominence of the lateral malleolus (→ 3.6.2) to the lower border of the heel
Medial	18 cun	From the upper border of the pubic symphysis (3.5) to the upper border of the patella (→ 3.6.1)
	15 cun	From the medial end of the popliteal crease to the highest prominence of the medial malleolus (→ 3.6.2)
	13 cun	From the medial condyle of the tibia (→ 3.6.1, junction of the head and the shaft of the tibia) to the highest prominence of the medial malleolus (→ 3.6.2)
Dorsal	14 cun	From the gluteal crease to the popliteal crease
Difference between the medial and lateral malleolus		
	1 cun	Difference between the level of the highest prominence of the lateral and medial malleolus respectively (→ 3.6.2)

Cun Measurement

