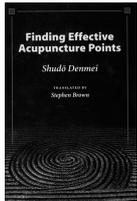


REVIEWS

FINDING EFFECTIVE ACUPUNCTURE POINTS

by Shudo Denmei

Eastland Press, hardback, 274 pages, £24.25



Denmei Shudo is one of the contemporary masters of *keiraku chiryo*, meridian therapy, a modern five phase style of Japanese acupuncture that was redeveloped from the classics at the beginning of the last century. His first book, *Japanese Classical Acupuncture: Introduction to Meridian Therapy*, describes the meridian

therapy approach to diagnosis and treatment. Great emphasis is put on treating the root five phase imbalance, before moving on to branch treatment, addressing the symptoms. He states that a good root treatment can alleviate many but not all symptoms.

This new book is an exploration of branch treatment using points Shudo has found effective in his long and distinguished practice. The structure of the book is simple: a preliminary chapter to discuss the nature of acupuncture points, and different ways of locating and palpating them, then a long section on the points themselves, grouped by areas of the body rather than by channel, and a concluding chapter on treatment which contains an interesting exposition on needle technique and the arrival of qi. There is also a comprehensive index which includes symptoms and points, helpfully cross referenced by Japanese name, *pinyin* and Western point number. All points are referred to in this way throughout.

Shudo's point location style is rooted in the concept of the "alive" point, different in location from textbook anatomical descriptions. This concept is fundamental to meridian therapy. "When qi stagnates... the point becomes depressed or protrudes. Qi, which is invisible, is thus transformed into a 'quality' that can be palpated and distinguished."

The alive point is the location which elicits the best possible reaction to treatment. Furthermore, if the point is not alive, it should not be treated. It may well appear at some remove from its textbook description, and can only be located by skilful and sensitive palpation. It takes "effort and ingenuity" to find it.

Shudo's writing style is personal and warm, and he wryly points out that it was the acupuncture points that came first, and that acupuncture textbooks came later to describe them. We "need to use our patients as our textbook to continually study how to locate..."

He lists different characteristics which identify a point as alive, and various ways of palpating for it, including pinching, a technique barely discussed in Western schools. He

also differentiates palpation on yang and yin channels. As yang channels tend towards excess and yin channels tend towards deficiency, he mainly presses on the yang and strokes on the yin.

The main section of the book is a discussion on points that he has used frequently in clinical practice. His approach is very pragmatic, and he only lists points that he has found useful and effective for symptom relief, grading them from one to three stars depending on how often he uses them. Anatomical locations are taken from several sources, and he provides procedural tips and his experience on the feel and characteristics of the points. This is followed by indications and then a personal commentary: sometimes long, sometimes brief.

Some locations are quite different to the ones we are used to in the West. For example, Qimen LIV-14 *kimon* is located beneath the rib cage, not in the sixth intercostal space, and Lieque LU-7 *rekketsu* is directly proximal to Taiyuan LU-9 *taien*, between the artery and the styloid process.

Contemporary TCM textbooks use a herbalised perspective to describe point actions, describing acupuncture points in the same way as herbs in their effect on yin yang, qi, blood and body fluids. For someone used to this perspective Shudo's indications for his favourite points might seem rather meagre. For example reams have been written in this journal alone about the actions of Sanyinjiao SP-6 *saninko*, but Shudo's indications for this point are merely "menstrual irregularity, menstrual pain, discomfort before and after menstruation, fetal malpresentation."

It is important to realise that this book is a compilation of points used for symptom relief, after a root treatment has been given according to five phase principles. Given Shudo's contention that a good root treatment can relieve most symptoms, it is unsurprising that his book on branch treatment would simply give a few indications for points, even a two star one such as Sanyinjiao SP-6 *saninko*.

His commentary on SP-6 is notable for providing the origins of the contraindications for this point in pregnancy, and Shudo's contrasting experience and advice for needling it in pregnancy to relieve sciatica.

Points are grouped by area rather than by channel, and this arrangement emphasises the structural channel based perspective that infuses Shudo's approach, even to psychological problems. This structural approach to point selection is typical of the emphasis in Japanese acupuncture generally on the channels not the organs. This contrasts strongly with the herbalised Eight Principles approach to point selection which emphasises the organs not the channels, and this is one of the most interesting and stimulating aspects of the book.

For example the section on points on the back and hip contains an interesting discussion on stress and worry, and

how this affects people with yin constitutions structurally, causing indurations and tenderness from BL-13 to BL-20 on the left. These reactions can eventually cause chest pain.

This is really a fascinating section to read. There is very useful information here on the use of direct moxa on points from GV 12 to 8 for anxiety, irritability and insomnia. Palpation in this area can be used to assess your patient's level of stress.

Palpation at Feishu BL-13 *haiyu* can be used to differentiate bursitis from arthritis of the shoulder, and it is interesting to note how important the intrascapular area is considered to be in the treatment of upper limb problems, including Gaohuangshu BL-43 *kokoyu* for "techno-stress", computer work that causes pain in the hands.

This an excellent book which can be read on many levels and used in different ways. It would be a great practice book, for example, for a study group to work through different points in different areas of the body, trying to find the alive point and agree on the depth and location of the indurations they discover.

The final chapter details some of Shudo's needling techniques, from very superficial to 40mm. He describes a technique to facilitate the arrival of qi by twirling a very fine needle at a depth of 0.5 mm. This is very interesting, if not remarkable. 0.5 mm is not a depth at which most Chinese trained acupuncturists would say it was possible to move qi. More interesting still is that the whole passage is devoted to what Shudo feels when the qi arrives, not what the patient feels. A study group working through a group of points or attempting some of these superficial needle techniques would help practitioners absorb some of the ethos which underpins Shudo's clinical observations.

I was also keen to use the book in another way: as a clinic resource for branch treatments for stubborn conditions. I tried looking up both "golfers elbow" and "cough" in the index, for two of my own patients who have been slow to respond so far.

For golfers elbow the index gave only Shaohai HT-3 *shokai*, which Shudo suggests treating with direct moxibustion or intradermal needling, as well as with a fine needle. Broader reading suggests that other points such as Feishu BL-13 *haiyu*, Pohnu BL-42 *hakuko* and intrascapular points such as Gaohuangshu BL-43 *kokoyu* might also be useful.

For cough, the index was much more comprehensive, but the most interesting reference for me was to what Shudo calls the axilla point, just anterior to the mid-axillary line. This is one of his three star points, and merited a long discussion and analysis. He treats it with intradermals and finds it best for dry cough with no phlegm, though phlegm will respond to frequent treatment with this point. After one treatment with this new point my patient with a chronic dry cough reported some improvement, more than from the previous four treatments.

It is telling that the title of this book is not "Effective Acupuncture Points" but "Finding Effective Acupuncture Points". The book encourages the reader to think about

acupuncture points as distinctive entities that take immense skill to locate: "Some points appear right on the surface, as if to say "Come and needle me here!" Others are hiding next to a tendon or bone, while still other points seem to be holding their breath deep inside the body." As with estate agents, for Shudo the golden rule is still "location, location, location".

As the extract above shows, Shudo writes in a very humane and open style which is a pleasure to read. The book is an intimate and friendly read, as if he is there with you chatting away. He is not afraid to make personal disclosures about his medical history, or about mistakes he has made in practice, and this quickly won my respect and trust. Even with material or ideas that seemed unfamiliar his humility and honesty allowed me to think about them in an open way.

By his example of constant self-improvement, reflective study and modesty, he has issued an implicit challenge to all of us to apply ourselves fully to our learning and practice.

"Acupuncture is a profession in which we use a thin piece of wire in an attempt to cure conditions which do not respond to medicines. Without a doubt, this is an extremely challenging profession. So it requires a continual refinement of technique."

Denmai Shudo has been practising acupuncture for over forty years and is one of the great contemporary masters. I have heard that he has radically cut back on his international teaching, and this is very much our loss. This book is his legacy, and is a magnificent contribution to our understanding of acupuncture and the nature of point location.

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A CHINESE PHYSICIAN Wang Ji & the 'Stone Mountain Medical Case Histories'

by Joanna Grant

RoutledgeCurzon, hardback, 209 pages, £50



This is Joanna Grant's PhD thesis and is published as part of the Needham Research Institute Series (which has previously published *Celestial Lancets* by Lu Gwei-Djen and Joseph Needham, and *Chinese Mathematical Astrology* by Ho Peng Yoke).

Wang Ji was born and spent his life working in the Huizhou prefecture (now Anhui province) in the 16th century. The Stone Mountain medical case histories was compiled by his disciples and completed in 1531, just eight years before Wang Ji's death. Joanna Grant has steeped herself both in this text and in the history and medical practice of this period, presenting in this academic work a threefold (socioeconomic/biographic, textual and gender) analysis of Wang Ji, his work and times.

The early 16th century in China marked the dawning of a new age of trade and commerce, transport, urbanisation

and the emergence of a wealthy merchant class who were also hungry for a status greater than mere wealth could provide. One way this could be achieved was by educating themselves in various fields including medicine, funding medical colleges, and promoting the printing and publishing of texts on numerous subjects, especially medical ones. As a result numerous medical works were published and widely disseminated and perhaps for the first time physicians throughout China could read and study classical works and exchange ideas on their medical practice. These same factors make this period a rewarding one for medical historians to study.

Wang Ji was typical of many doctors of his time in that he had failed his civil service examinations. This meant however that he brought to his study and practice of medicine a study of the classics and an adherence to the ideals of Confucian benevolence and morality. He espoused frugality and restraint, and simplicity in dress and diet, and was praised for his extraordinary generosity.

Wang Ji recorded his case histories for various reasons, including the passing on of his clinical knowledge, the promotion of his own ideas (and the deriding of others) and making a record of strange cases. It is probable also that the written case history would be given to the patient, both to remind them to follow the treatment and to help them keep in mind who their doctor was when they needed to return or perhaps advise friends and family on whom to see for treatment.

Wang Ji shows a passionate, even stubborn, commitment to the principles of replenishing and warming treatments and the use particularly of ginseng, astragalus (huang qi), atractylodes (bai zhu), licorice (gan cao) and angelica root (dang gui) several of which seem to appear in just about every prescription. As a result he received a great deal of criticism from fellow physicians and even from his own patients, many of whom seem to have some knowledge of medicine and no hesitation in arguing with their doctor:

I examined him, the left pulse was floating, depleted and languid, the right pulse was floating, strung and languid. This is yang depletion. The patient said, "I am easily hungry and like eating, my nocturnal seminal emission is extremely frequent, it seems like yin depletion. If you diagnose yang depletion and use ginseng and astragalus root, I fear it will increase the illness.

Wang Ji also expressed strong disapproval of acupuncture and moxibustion, especially in cases of depletion, telling one patient for example that his recourse to them had scorched his bones and muscles and depleted his blood. This attitude reflects the general decline in the prestige of acupuncture at this time. Joanna Grant contrasts this attitude with that of Wang Ji's female contemporary Tan Yunxian who despite being a 'literati doctor' (rare for a woman) was a strong advocate of moxibustion. Charlotte Furth has contrasted the popular medicine of this time which embraced external therapies and was practised by and on both genders and the poor, with the more internal and herbal medicine practised by the

predominantly male medical elite.

This theme is carried on in a gender analysis of Wang Ji's cases, which notes whether the patient was male or female, and whether there are differences in the kind of cases each gender presents with, and what variations there may be in the doctor-patient discourse.

Joanna Grant's analysis and selective quotations from the case histories reveal a very human picture of Wang Ji who frequently has to travel widely to see his patients, has to compete with other physicians for trade (patients often sought a variety of medical opinions, or moved from one doctor to another), constantly criticises their diagnoses and methods of other doctors, declines to treat patients who are close to death, where he fears the illness is incurable, or where the remedy lies in the patient taking responsibility for their own behaviour, and occasionally makes the honest admission that there are symptoms he cannot understand. This book offers an extraordinary insight into the tradition that we study and practise, and although there is of course much in it that is unique to Wang Ji and his times, there is also a surprising amount that reflects aspects of our modern daily experience.

Peter Deadman