

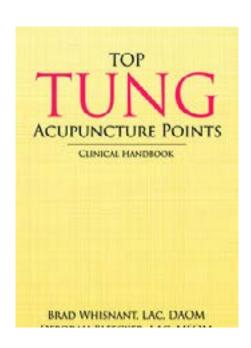








# Brad Whisnant | Bleecker-D. Top Tung Acupuncture Points Clinical Handbook



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## Dao Ma Theory

Another focus of this book is the Dao Ma concept, because your success will increase exponentially when you treat in this fashion. Once you are amazing and people call you Dr. Jesus, then you can just insert one needle in one magical point and get great results. Until you can do that, do your patient a favor, and treat in a Dao Ma fashion. Use either two or three points together. This is what Master Tung did, and I would suggest that after his 500,000 treatments, he was still using the Dao Ma technique, then we should also.

The Dao Ma Needling Technique of Master Tung Ching-Chang, was one of the clinical methods he most frequently employed. This technique can succinctly be stated as follows: three points are needled simultaneously to profoundly 'obtain qi' (De Qi) and rapidly effect a cure. Dr. Tung did not greatly concern himself with 'supplementing' (Bu) or 'draining' (Xie) needle techniques, but rather with powerfully 'obtaining qi' (De Qi) to influence the 'Reaction Areas' of the points needled. In this style of acupuncture, the more you obtain the qi, the quicker you got results. (Master Tung's lecture on Acupuncture) Advanced Tung Style Acupuncture Dr. Maher

#### **Reaction Area**

Treating the reaction area is the secret of treating the five Zang organs. It is also a deeper understanding of Tung acupuncture. It explains why both 44.06 and 22.05 treat fatigue. The reaction area of 44.06 is the heart, whereas the reaction area of 22.05 is the lung. This helps you choose your points, depending on which Zang is affected.

"A reaction area is neurophysical acupuncture. This reflects the knowledge of the delicate energy of the body and the neuroanatomical and neurophysiologic aspects of the body. This acupuncture style also corrects and heals the body through the manipulation of the peripheral and central nervous system by affecting the neuraxis, the actual anatomy, physiology and pathophysiology of the body. (Advanced Tung Style Acupuncture Dr. Maher)"

In this book, we have in some cases omitted the depth of the needle insertion. Master Tung and his disciples all say that the most important thing to consider about a point is not the depth, nor the location, nor the theory, but to elicit a "Qi response." Master Tung said "the faster we can bring Qi to the point, the faster we can heal disease."

#### TOP TUNG ACUPUNCTURE POINTS

This emphasis on getting the Qi, does not mean to "kill the patient and put them through the roof with your needle." What it does mean is to get a sensation that can be as mild as a gentle muscle grab on the needle. The depth at which Qi arrives is not specific to the point, but to your patient. We have patients who are underweight, overweight, very muscular, bloated with water retention, and who have too much inflammation. All these things will affect the needle depth. I don't think it is practical to say that we should needle 77.08 half a cun for knee pain, one cun for stomach problems, and two cun for head problems. If our patient has large legs, or very thin legs, the insertion depth needs to be adjusted.

It seems impractical to say that Ling Gu and Da Bai have an insertion depth of .5 to 1 cun. An example of this is my grandmother, she is 96, and her Yang Qi is sinking. She needs energy. The Qi sensation arrived at .25 cun. Should I continue to insert the needle to a predetermined depth? I don't think so. The depth of any needle is where the Qi arrives.

Most points have Pin Yin names and numbers. Some points only have names, like Fan Hou Jue. The regions of 22, 77, and 88 were the most commonly used by Master Tung to treat chronic diseases. For acute diseases, the regions of 11 and 1010 were used most.

He used points on the regions of 44 and 55 least often, according to his disciples. I have included a general overview of the Master Tung ear points. I did not include a lot of ear points, because I prefer to use Auricular acupuncture vs. Tung ear points. I did not include points on the torso, because those points are not needled, they are only bled.

## **Finger Regions**

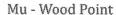
All of the regions are pretty straightforward, except the fingers. The fingers have "lines" on them. The lines are the A, B, C, D, E, F, G, and H lines. If you look at your index finger, with the palm facing you, the A line would be where the pink and white skin meet, which is on the lateral side of your finger.

The C line is on the midline of the index finger. If you continue around your index finger, where the pink and white skin meet is the E line. If you continue around the index finger to the dorsal side, the midline of the finger is the G line. If you were to continue around your finger, you would end up back at the A line, where the dorsal white skin meets the palmar side pink skin.

Now that you know where the A, C, E, and G lines are, the B, D, F, H are between the other lines. I know it sounds a little confusing, but once you start to see the eight lines that run down your fingers it's very easy to understand.

The last tricky part of the finger points are the points with multiple points. An example of this is 11.27, which is a five point unit. Another example is 11.17, which is a two point unit. The way these points are treated is by needling the points as separated into equidistant locations. For example, 11.17 is on the D line, between the PIP joint and the MIP joint of the index finger. Point 11.17 has two points. These two points are equidistant on the D line, between the PIP and MIP joint. If you were to look at the index finger, between the PIP and MIP joint, you would see three equal sections.

Wu Hu - Five Tigers



11.27

e thumb joint shaft, between the

Consider 11.27, it is a five point unit on the thumb joint shaft, between the PIP and DIP joint. The metacarpal shaft is equally divided by five points that comprise the 11.27 five point unit. The fingers are not meant to be confusing, and if you go slowly in the beginning, it is not as hard as it sounds.

Ultimately, this book is a guide for the modern day Western clinic. We see physical, emotional, spiritual, acute, chronic, easy, and difficult patients. We also see patients who will only give us one shot before they quit coming in, and some patients will let us treat them 30 times and let us treat all sorts of ailments. It is good for our modern patients who need to have acupuncture proven to them. It works great for patients who are sensitive to needles, and those that don't care and just want to get better.

This book cuts through all the fat, and gets to the meat. As I am sure Master Tung would say to me if I were talking to him right now, "just sit with these points, use what you need, understand and think about what you don't know, understand their usefulness, and their limitations. Keep what you need, and let go of what does not serve you."

#### TOP TUNG ACUPUNCTURE POINTS

This book is focused on how we treat in modern clinics every day. This is what my clinic has looked like over the last seven years, and specifically the last three years and 22,000 treatments.

The top complaints, which is about 95% of all cases are:

- Upper neck/shoulder
- Low back
- · Pain anywhere
- Sciatica
- · Joint pain, knee, elbow, fingers toes, and shoulder
- · Headache, trigeminal neuralgia, TMJ jaw pain
- Sleep (too much or too little)
- Digestive disorders such as IBS, Crohn's disease, bloating, gas, constipation, and diarrhea
- Stress/depression/anxiety/fatigue/libido/no zest for life
- The big three, heart issues, Type 2 diabetes, Cholesterol
- Female issues, menstrual, hot flashes etc.
- · Allergies and breathing issues
- Fertility (male and female)
- General wellness, neuropathy, numbness, and weird diseases no one else can cure
- Last resort -Alzheimer's, Parkinson's, tinnitus, MS, auto immune etc.

We do treat other ailments, like hypoxemic respiratory failure or scarlet fever, but we do not treat it all the time.

The goal of this book is to help you learn how to quickly use 90% of the points you would normally use in clinic.

In closing, please continue to study. Continue to learn from others. Don't ever stop learning. A wasted day is a day that you do not learn anything. Improvise, overcome, and adapt. Never quit, don't give up, breathe, and relax.

### BASICS OF MASTER TUNG NEEDLES

#### **Ashi Locations**

There is no need to locate Ashi points. You can use Ashi locations if you choose to, but the locations of the Tung points don't require a point to be Ashi. Sometimes I will locate the Tung point, and *then* locate the Ashi point around it, but it is not necessary. The point will still be effective even if there is no Ashi sensation.

#### **Needle Size**

You can use any size or brand you like. I use 36 gauge. I know some acupuncturists who use 28 gauge, and some who use 40 gauge. They all work. You do not need to tonify, sedate, rotate, or flick. There is no needle manipulation in the Tung system. Insert your needles and relax. Make sure your needles are not flopping around, but you don't need to needle deeply either. Most points are inserted .25-.50 cun on the arms, legs are .5-1.5 cun, the fingers and head are about .1-.3 cun.

#### **Internal Medicine**

Although Americans only seek acupuncture for pain relief, Master Tung acupuncture is also very effective for internal problems. Many points also address the root, when they treat the manifestation.

#### **Needle Retention**

The cycle of Qi is about 28 minutes. We also know from MRI studies that the brain will respond well for about 28.8 minutes. I have my patients sit or lie down for 25 to 30 minutes.

#### **Number of Needles Used**

We should always try to limit our needles. However, do not insert a few needles and leave your patient without determining you have complete pain relief. You should use as few needles as possible, but as many as necessary.

## **Expectation of Results**

You should expect a 90-100% reduction in the pain while your patient is lying on the treatment table. I expect this for at least 85% of my patients. Of the remaining patients, 5% do net get relief, and 10% have a 25-75% reduction in pain while on the treatment table.

Most of my patients come in once a week. I treat about 100 patients per week. Only 16 of those come twice a week. Not all patients need two treatments a week. There are many factors that determine the frequency of treatments.