

Abdominal Acupuncture: A Practical Introduction

Abstract

Abdominal acupuncture is a relatively new Chinese microsystem which is increasingly widely practised in China and the West. It involves the gentle, superficial needling of both standard and new acupoints on the abdomen and is thus indicated for cases of extreme sensitivity to needles and/or general weakness.

Background

Microsystems, in which a part of the body reflects the whole, are a distinctive feature of traditional Chinese medicine (TCM). Whereas in ancient times the abdomen was used exclusively in diagnosis, the emphasis in modern abdominal acupuncture is on treatment. The system was developed approximately 20 years ago by Dr. Bo Zhiyun¹ as part of the movement towards gentle acupuncture techniques which developed with the privatisation of acupuncture in China in the mid-1980s. Dr. Bo appears to have been influenced by Japanese traditions of diagnosis and treatment, which share with abdominal acupuncture a shallow depth of needle insertion and some of the zone correspondences. There are also similarities between abdominal acupuncture and the Chinese Daoist system of bodywork known as Qi Nei Zang.

Indications

Abdominal acupuncture is primarily indicated for pain and neurological disorders. It is particularly useful in the treatment of the sequelae of wind-stroke², for which it is now used more often than scalp acupuncture in some clinics in China. It may also be helpful in treating cardiovascular and psychiatric disorders.

Because the needling is superficial and there is only mild or no deqi obtained, abdominal acupuncture is indicated for any patients who are weak, or who are particularly sensitive to acupuncture. This includes the very young and the elderly.

Point location

Abdominal acupuncture is applied at three levels of needle penetration: superficial, middle and deep. Each level has its distinctive functions and therapeutic effects, but in this article I will discuss the superficial level only, since it is the one most commonly used.

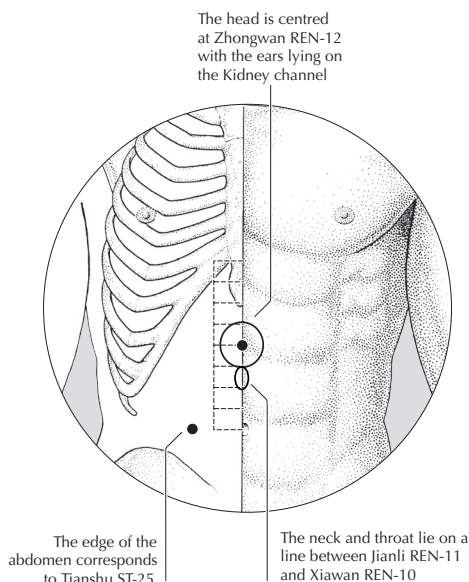
The superficial, or 'sky', level is situated subcutaneously between the skin and the fatty tissue. Dr. Bo refers to it as the 'congenital abdominal

meridian system' since he maintains that it is present at the embryonic stage of foetal development and develops along with the embryo. Microsystems use representative imagery whenever possible to facilitate organisation and learning: in the case of Nogier's ear acupuncture, for example, an inverted foetus is depicted. Abdominal acupuncture at the superficial level uses the image of a turtle or tortoise, one of the benevolent animal spirits and a prominent symbol in Chinese literature, whose plastron is traditionally associated with the human abdomen. The tortoise is centred on the navel and its head lies on the epigastrium.

It should be noted that abdominal acupuncture is two-dimensional, which means that the central line treats both the Conception and Governing vessels, for example, and the Kidney channel also treats the Bladder.

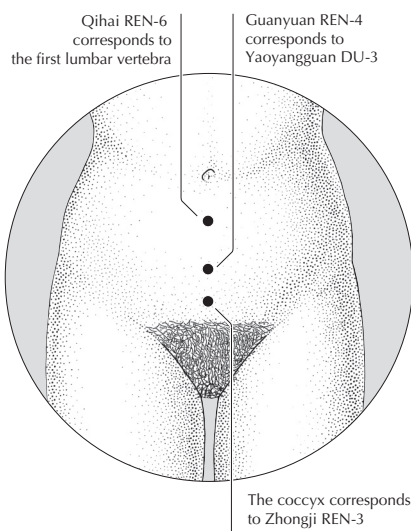
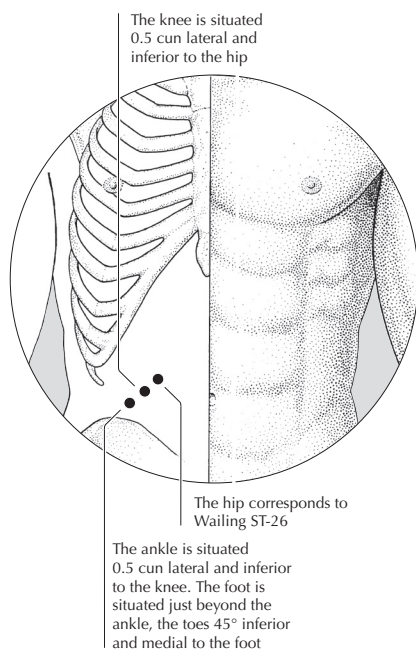
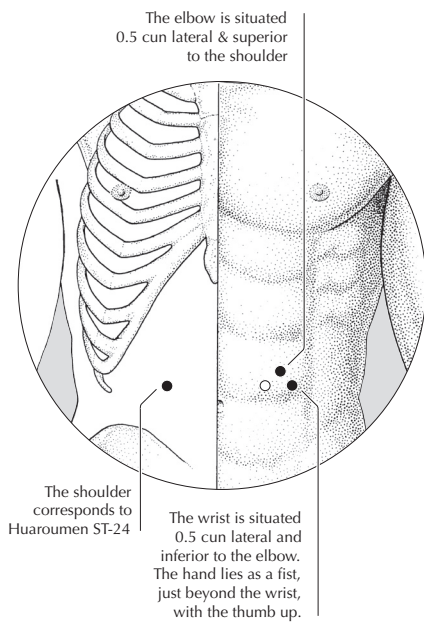
Each area of the tortoise's body reflects a different part of the human body and corresponds to the following abdominal acupoints:

- The head is centred at Zhongwan REN-12, with the ears on the Kidney channel on either side of Zhongwan REN-12.



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- The neck and throat correspond to a line from Jianli REN-11 to Xiawan REN-10.
- The edge of the abdomen corresponds to Tianshu ST-25.
- The shoulder corresponds to Huaroumen ST-24.
- The elbow is situated 0.5 cun lateral and superior to the shoulder.
- The wrist is situated 0.5 cun lateral and inferior to the elbow. The upper limb forms an inverted 'V'.
- The hand is represented as a fist just beyond the wrist, with the thumb up.
- The lower border of the first lumbar vertebra corresponds to Qihai REN-6, and Yaoyangguan DU-3 corresponds to Guanyuan REN-4.
- The coccyx corresponds to Zhongji REN-3.
- The hip corresponds to Wailing ST-26.
- The knee is situated 0.5 cun lateral and inferior to the hip. Note that a secondary knee point lies halfway between the primary one and Qihai REN-6. All three points lie on the same horizontal line
- The ankle is situated 0.5 cun inferior and lateral to the knee, and the foot is situated just beyond, with the toes 45-degrees inferior and medial to the foot.³

Treatment

The first point to note in treatment is that abdominal acupuncture at the superficial level, as is being discussed here, is usually either combined or alternated with conventional acupuncture. To treat anxiety or headache, for example, an abdominal acupuncture treatment may be combined with Fengchi GB-20 [angled inferiorly towards the feet⁴], or for leg pain, abdominal acupuncture may be combined with Yinshi ST-33.⁵

Treatment with abdominal acupuncture generally proceeds as follows:

Step one

Each treatment begins with a four needle protocol, using either i. Zhongwan REN-12, followed by Xiawan REN-10, Qihai REN-6 and Guanyuan REN-4, or ii. the 'diamond treatment' consisting of Zhongwan REN-12, bilateral Tianshu ST-25, Qihai REN-6 or Guanyuan REN-4. These combinations of points promote the circulation of qi and blood in the abdomen and enhance the effects of any subsequent points needed.

Step two

Points corresponding to the site of pain or disease are then needed unilaterally on the afflicted side. It is common when treating pain syndromes of the limbs to first needle the shoulder point in order to promote the circulation of qi in the afflicted upper limb, or the hip point to promote the circulation of qi in the lower limb. The point corresponding to the site of pain is then needed. For example, for right wrist pain, right Huaroumen ST-24 (i.e. the shoulder point) is needed first, followed by the right wrist point.

The needles are retained for 20-25 minutes and may be stimulated gently by hand every ten minutes as in a conventional treatment, although it is not necessary to obtain deqi. To increase the therapeutic effect a moxa pole or TDP infrared lamp may be placed over the navel for the duration of the session.

The 'four gates' of abdominal acupuncture

Another protocol which may be used on its own or in combination with the above 'two step' treatment is the bilateral needling of the acupoints Huaroumen ST-24 and Wailing ST-26. These are known as the 'four gates' of abdominal acupuncture and are used to promote the circulation of qi throughout the body in the same way that the 'four gates' of conventional acupuncture, Hegu L.I.-4 and Taichong LIV-3 do. However it should be noted that when treating an afflicted limb these same points are always used individually and on the affected side only.

Case histories

The following two case histories typify the use of abdominal acupuncture, the first one in treating a sensitive patient with pain syndrome, and the second in a case of wind-stroke sequelae complicated by a psychiatric disorder.

Case one

A young woman presented in clinic with elbow pain. She was an acupuncturist herself, although she was extremely sensitive to needles and unable to bear conventional acupuncture treatment. She had been suffering from chronic elbow pain for eight months and had taken Chinese herbal medicine in patent form for several months with only minimal results. She described herself as hardworking and generally healthy, although her soft pulse, toothmarked tongue, tenderness on both the front-mu and back-shu points of the Spleen and noticeable worry about her pain clearly indicated Spleen deficiency. Abdominal acupuncture was recommended to her for the gentleness of its technique and also its ability to address her Spleen qi deficiency through its association with the navel, the centre of the abdominal acupuncture system.

For the first treatment she was given the routine four point protocol of Zhongwan REN-12, Xiawan REN-10, Qihai REN-6 and Guanyuan REN-4. Zhongwan REN-12 was needled at a depth of 0.5 cun, which increased progressively to a depth of 0.75 cun at Guanyuan REN-4. On insertion of the needles there was a visible pulsation associated with increased blood flow to the area, even though no deqi was experienced. Huaroumen ST-24 (the shoulder point) was then needled on the right side to promote the circulation of qi to the affected limb, followed by the elbow point (which is aptly also called Shang Feng Shi Dian, or 'upper wind-damp point'). Both of these points were needled to a depth of 0.2-0.3 cun. As soon as the elbow point was inserted, the patient experienced a sensation of qi throughout her whole body which lasted for a few seconds, a phenomenon that the author has noted with other patients receiving abdominal acupuncture.

Abdominal acupuncture was combined with conventional acupuncture at Zusanli ST-36, Sanyinjiao SP-6 and Quchi L.I.-11 at each treatment. After three treatments her pain was resolved.

Case two

A 65 year old male patient was brought to the teaching clinic of OCOM (the Oregon College of Oriental Medicine), having suffered two successive strokes, 22 months earlier. The first resulted in impairment of speech and paranoia, and the second in grand mal seizures and paralysis of both right limbs. His other symptoms included leg spasticity, outward hip rotation, drop foot and restricted shoulder movement, and although he was quick to smile and shake hands in greeting, his difficulty in communicating and understanding indicated cognitive impairment. He was being given a complex mix of Western medications which included heart medication, psychoactive drugs for depression, mania and seizures, and botox injections every three months to relieve muscle spasms.

His pulse was slippery, forceful and a little rapid, his tongue body was cracked and red/slightly purple (especially at the tip) and the coat was yellow and dry. He was diagnosed with wei (flaccidity) syndrome, deficiency of yin, stagnation of qi and blood, internal wind and phlegm-heat obstructing the Heart.

Initially he received scalp acupuncture from a visiting specialist in this system. The effects were immediate and so positive that the specialist recommended continuing with a two-month course of treatment, followed by one month of rest in order to avoid the sensitising effects that prolonged scalp treatment can have. Because his progress was so encouraging after two months, however, the instructions of the specialist were ignored and the patient ultimately received five months of scalp acupuncture. At this point he started to become agitated and violent during and after treatments and the scalp acupuncture had to be stopped. Abdominal acupuncture was then proposed as an alternative. The patient was given the routine 'diamond treatment' to promote the circulation of qi and blood, which consists of Zhongwan REN-12, Tianshu ST-25, Qihai REN-6 or Guanyuan REN-4. This was followed by Wailing ST-26 and Huaroumen ST-24 on the right side to activate qi and blood in the right hip and shoulder, respectively. He was then given conventional acupuncture to treat wei syndrome, using points such as Zusanli ST-36, Jiexi ST-41, Xuanzhong GB-39, Huantiao GB-30, Jianyu L.I.-15, Quchi L.I.-11, Hegu L.I.-4 and Waiguan SJ-5. Finally the ear points Aggression (Neurasthenia), Diaphragm, Shenmen and Sympathetic were chosen according to the author's experience of their successful use in calming violent patients. The patient was comfortable with the abdominal acupuncture and his condition continued to improve in all respects. After several more months of treatment his medical report concluded that he was "at a new level of cognitive skills, with increased communication and understanding".

Conclusion

Abdominal acupuncture has been described as “the most powerful microsystem in acupuncture, more so than for the scalp or ear.”⁶ It has also been noted, however, that the relatively quick effects it obtains are not necessarily sustained⁷ and this may be one reason that abdominal acupuncture is usually combined with conventional acupuncture. Results in China and elsewhere (such as Southern Europe) have been encouraging enough to warrant investigation in the English-speaking world. Abdominal acupuncture at all three levels takes longer to learn than many other microsystems of acupuncture (one source recommends three years to attain basic familiarity⁸). Despite this, practitioners may safely combine the treatment routines at the superficial level described in this article with conventional protocols, and then observe the results. ■

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