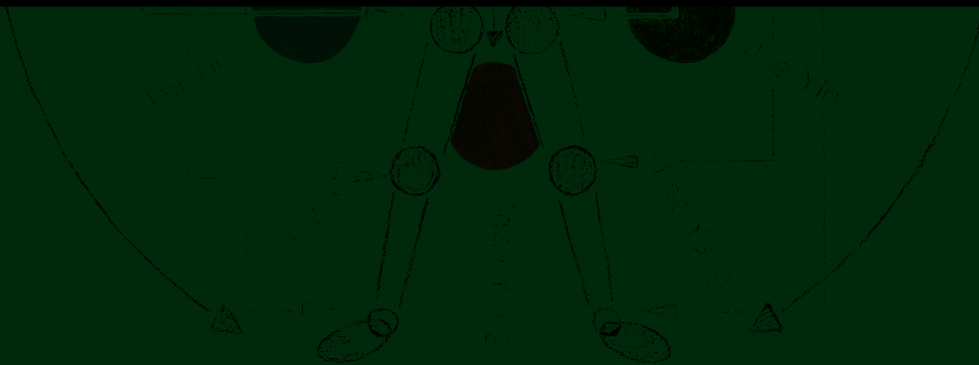


HENRY MCCANN  
HANS-GEORG ROSS

PRACTICAL ATLAS OF  
TUNG'S ACUPUNCTURE



VERLAG MÜLLER & STEINICKE





HENRY MCCANN  
HANS-GEORG ROSS

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3RD EDITION



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## **Disclaimer**

Acupuncture and Chinese medicine (also known as Oriental medicine) are professional systems of health-care. The information in this text is not meant to be implemented by laypersons, and neither the authors nor the publisher advocate self treatment. Other healthcare providers interested in learning Chinese medicine should seek personal instruction. Patients who would like to receive treatment are urged to contact a trained and qualified professional healthcare provider.

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# Authors' Preface for the Second and Third Edition

We all know that effective learning and improvement happens through our mistakes if we humbly accept them and correct them adequately. Therefore we thank all our readers and all participants in our seminars for their critical and helpful comments. All of them are virtually co-authors of this edition.

February 2013

January 2014

Henry McCann, Hans-Georg Ross

## Foreword

It is certainly an exciting time to be involved in the study and practice of our long-lived medical art. Reminiscent of all the great eras in the development of Chinese medicine, we are currently witnessing exciting debate amongst various approaches to clinical practice. One can find lectures around the world drawing not only from the best of Asian traditions but also expressing innovative ideas from countries where our field did not even exist 50 years ago. This excellent book represents a thoughtful, clinically relevant contribution to the process which seems to characterize the best of 21st century 'Asian' medicine. In the following pages, Drs. McCann and Ross have taken significant steps toward bringing the work of the Tung family tradition into what will hopefully be a growing dialogue with other acupuncture approaches.

Readers may remember their first encounter with 'Tung-style' acupuncture from the old book by Miriam Lee (*Master Tong's Acupuncture*) or from seminars given by Wei-Chieh Young, Richard Tan, Susan Johnson and many others. Like many students of acupuncture, I have been alternately fascinated by and frustrated with an approach that can overwhelm with the sheer abundance of points and indications. For someone who must understand how a particular treatment is being used within the context of a coherent system of diagnosis and theory, it was often difficult to know when to choose many of the points. Consequently, over the years I have gotten to know a few favorite points from this tradition but have failed to expand into what is a demonstrably useful system. For me, this text finally provides a clear explanation of how to overlap the body maps from the Tung system with the more familiar maps of regular channel theory.

To the new student of Tung style, I would suggest a metaphor. One might analogize the study of acupuncture to the study of a foreign language. In the earliest years of our study, we learn the core syntax of basic channel theory and begin to express ourselves with the so-called 'important points' which come up again and again in the modern clinic. Over time, our ability to communicate within the context of the channel system becomes more sophisticated as our 'vocabulary' of points increases. Points that may have been very rarely used in the initial years of practice finally become more familiar as we begin to recognize the occasions when they apply. In studies with my teacher Dr. Wang Ju-yi, I would often point out that he doesn't seem to use such-and-such point. He would invariably reply that, "No, you just haven't yet seen the type of situation where that point is appropriate". Just as predicted, a few months later we would see a patient where he would needle a point I hadn't seen him use before and a new term would be added to my expanding vocabulary. To continue with the metaphor, the study of Tung style is much like the process of studying a new, but very closely related language. Because the ultimate subject being described by these various systems is the human body, and because all acupuncture ultimately draws from a Chinese tradition, there is much here that will sound very familiar. In fact, I have recently found that one can gain deeper levels of understanding of the so-called regular channels (正經 *zhèng jīng*) by contemplating the innovative ways that Tung style uses points. For example, if a point is on the stomach channel then its unexpected application to non-traditional stomach channel functions in the Tung system actually sheds light on aspects of Yangming that are less often considered in mainstream education. This very tendency is addressed at length in the following pages. The point discussions which follow include ample comparison of various ideas regarding organ and channel function from both classical and modern sources. Consequently for the reader, the commentary sections can be as illuminating as the necessary lists of point locations and indications in the main body of the text.

In order to make the text more readable, the authors have put a great deal of thought into style of presentation. Like other Tung-style books, they have broken the points into sections of the body. However, I have found it most useful that they locate images of point locations, written location descriptions and brief lists of indications all within the same page. As one becomes more familiar with the points, this aspect will allow the book to be used as a quick reference. For more details on how to understand the nature of each point, important groups of points are followed by the illuminating commentary.

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In particular, I am excited by the second chapter which provides a very clear dissertation on the underlying theory which characterizes the Tung system. For ease of understanding, theory is broken into the three sub-sections of “Image,” “Channel” and “Tissue” correspondences. These three broad categories of theory are thus introduced early in the text and are referenced throughout the main body of point descriptions. Thinking again of my early difficulties with this system, I found myself finally able to understand why particular points might have a given indication. In other words, a coherent discussion of theory at the outset finally begins to give rise to a living, flexible system as the later sections unfold.

As mentioned earlier, another problem for the new student of Tung acupuncture is the sheer abundance of new points. To that end, chapter six provides an interesting index of frequently used point combinations. In this section, the authors have carefully combined the experience of senior practitioners in this tradition with their own clinical work to provide a unique resource. Chapter six is therefore particularly useful for the new student trying to ‘expand the vocabulary’ of their practice. A quick perusal of the protocols for common diseases reveals certain points and groups of points which come up most often. I would posit that these are the most common terms in the new language. In my own practice, I thus expect to first integrate the more commonly used points from the Tung tradition while always looking for difficult cases in which less-often used points might be applied. By combining a growing familiarity of the most common points with a better understanding of Tung-style theory, one might thus slowly integrate the approach with other styles of acupuncture.

### Thoughts for the future from an interested student

In my conversations with the authors of this text, I have been impressed with their dedication to innovation and a lack of that dogmatic tendency which can sometimes arise in a time where many schools of thought abound. Like most of us practicing in the 21<sup>st</sup> century, we are hybrids of the various approaches described by multiple teachers. While agreeing that one should begin with a certain core prism through which to view the body, we seem to share that urge to always be on the lookout for new ways to improve clinical results. In that spirit, a few concepts might be put on the table for future discussion regarding the Tung tradition.

As emphasized by the authors in the pages which follow, the points in the Tung tradition will be most effective when understood as part of a flexible theoretical system for balancing yin and yang. To that end, future work might involve striving for a greater understanding of these points in the context of current channel theory. Even more importantly, we can also use these points as a starting place for expanding and innovating to create new veins of channel/organ theory. As mentioned above, when a Tung-style point on a given channel treats a certain pattern, then we might broaden our understanding of the nature of that channel.

Another possible path of innovation would involve the integration of more careful palpation into the process of diagnosis. As described above, one way to overcome the tendency to be overwhelmed by the volume of points is to step back and apply theoretical rigor to one’s diagnosis and choice. However, like many Chinese medical practitioners, I have noticed that theory can sometimes be used to justify less than effective clinical strategies. Elegant theoretical explanations may justify point choices which do not address the true pattern presenting on the treatment table. Of course, pulse, tongue and asking of questions helps to keep us based more firmly in reality. I would propose that palpation along entire channel pathways might also provide useful information which can help the Tung tradition to fine-tune and further balance treatments. For example, Table 2 (Chapter 2) provides an excellent chart summarizing all of the possible channel correspondences that might allow one channel to treat another ‘diseased’ channel. One might find that palpation of channels which overlap in this chart can provide some interesting guidance for choosing a particular channel for treatment. Once a channel is chosen for treatment, then both regular channel points and Tung-style points can be considered. In particular, it may be clinically useful to first consider the channel one might use for treatment *before* thinking about individual points. Incidentally, the excellent index at the end of the book provides a useful resource for this very process as it lists the regular channel most-likely associated with a given Tung-style point.

In the Introduction, the authors provide an excellent quote from Confucius which highlights the importance of what Chinese teachers often call ‘inspired insight’ (悟性 wù xìng). Whether teaching students or in my own studies, I try to keep in mind the fact that a well-founded education requires evolution. Often called the ‘Rule of Jazz’ by trumpet player Clark Terry, useful insight is facilitated by a firm grasp on the basics of one’s craft. He therefore advocates a process summarized by the terms “**Imitate, Assimilate, Innovate.**” This book is written by those who have spent years in imitation and assimilation and now point the way to new roads of innovation.

Jason D. Robertson  
Seattle, WA, USA

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# Acknowledgements

I was first introduced to the basic concepts and points of Tung's acupuncture during my initial Chinese medicine training at the New England School of Acupuncture. In the years since then I keep returning to Tung's system because of both its clinical efficacy and its deep engagement with concepts that are the fundamental basis all of Chinese medicine. While the most obvious feature of this system is a seemingly unfamiliar set of extra points, I believe that Tung's acupuncture is deeply rooted in the Chinese medical classics as well as other classics of Chinese philosophy. Indeed my desire to understand more about these odd points led me to be a reader and then teacher of such books as the Huang Di Nei Jing (Yellow Emperor's Classic of Medicine) and the Lun Yu (the Analects of Confucius). Along these lines I believe that the study of Tung's points can lead all acupuncturists to a deeper understanding of conventional acupuncture, even if they never use the new and different points described in this book.

We all owe a great debt of gratitude to Tung Ching Chang for sharing his family heritage with the outside world. It was through his generosity and openness that many clinicians will be able to help more patients in the years to come. I believe therefore, anyone who sincerely studies and applies Tung's system is automatically his direct heart disciple. Tung's system is so important that it should be taught to as many clinicians as possible without any holding back so that as many people as possible, now and in the future, can benefit from its efficacy.

No endeavor happens by chance or by itself. I was lucky to have the yinyuan (因緣) to encounter this system and need to thank all of my teachers for their diligent instruction. Without a doubt I have learned something valuable from all of them, and without a doubt my patients have been the direct beneficiaries of their openness and wisdom. Thanks to my patients for their trust in my abilities, and for being my most important teachers. Thanks to my partner Candace Sarges, M.Ac., L.Ac for her support, and to my student Heidi Kothe-Levie, MSTOM, L.Ac for her assistance with this manuscript. Finally my thanks go to my family, especially my wife Jen and my son Henry, for their love. May this book help eliminate suffering and the cause of suffering for all beings under the sky.

Written during End of Heat (處暑) in the year Ren Chen (壬辰) 2012  
New Jersey, USA  
Henry McCann (馬爾博)

Unlike what happened to my friend and colleague Henry McCann, my primary professional conditioning influence was not Oriental Medicine but rather Western Science. This is certainly one driving force behind the dialectic process between us which has finally emanated in this book. We both wanted to know and thoroughly understand; we both looked from different perspectives, and eventually – after innumerable transcontinental emails – made it all fit together as much as we could.

Among critical minds it is an accepted triviality that we cannot directly access reality. Even in physics which is perhaps the most exact science we need models of the world to make reality digestible by our conscious perception.

How needling a patient at a certain point can cause a predictable result in terms of alleviating a defined complaint is still an enigma. The steps within the causal chain remain unclear; yet it works.

Master Tung's system, to my mind, provides us with a reliable model which explains what happens, makes acupuncture reproducible, teachable, understandable, and therefore scientific. One day we may know better, but at the moment that's where we stand.

My thanks go to our publisher Stefan Müller-Gißler who has patiently and continuously supported our endeavor over the years. I remember how it all began over a cup of coffee at the 2010 TAO Congress Graz (Austria) when I showed him an edited handout I had put together for my Master Tung seminar, and we decided to make a small booklet out of it. When Henry agreed to join as an author, scaling and quality changed and the project exploded to yield the result which we now present before our readers.

My thanks also go to Ms. Karoline Kreis who undertook the Herculean task to convert our diagrams into printable figures, and designed the book's layout.

Last but not least, I am grateful to my wife Linde who not only tolerated my obsession to write this book but also condensed our long text into a cover painting which says it all at a glance.

Düsseldorf, Germany, August 2012  
Hans-Georg Ross



# 1. Introduction

Throughout the history of Chinese medicine there have been several currents of Chinese medical practice. Some were well seated in the Confucian scholar tradition associated with the transmission of canonical writings such as the Huang Di Nei Jing. Alongside and concurrent to these traditions, China also had family lineages that were more or less kept as trade secrets among small groups of people. Over the last two thousand years of Chinese history, these family lineages have come and sometimes gone entirely if there were no heir to receive the information. Furthermore, even when these secret family traditions were taught, sometimes the true depth of information was withheld. This very traditional aspect of Chinese culture can certainly be a negative and dark one in the realm of medicine, especially since the greatest and most important texts of Chinese medicine (e.g., the Huang Di Nei Jing, Nan Jing, etc...) have always been transmitted openly and freely. In Chinese there is a phrase that “Medicine is the Art of Compassion” (醫為仁術 *yi wei ren shu*). Secret lineages of medicine that are not taught openly and possibly even allowed to die out due to the selfish motivation to retain knowledge or power in a select number of individuals stand in direct opposition to compassion.

Tung’s acupuncture is one previously secret ancient family lineage of medicine that, thanks to the openness of its last proponent, has survived and flourished in modern times to the benefit of countless suffering patients.

## Tung Ching Ch’ang and the History of Tung Acupuncture

According to the oral tradition of the Tung family (董; ‘*Dong*’ in Pinyin Romanization), Tung’s acupuncture dates back to the Han Dynasty (206 BCE – 220 CE), although this cannot be verified historically in an academically rigorous sense. Until it reached the 20th century in accordance with tradition, this system of acupuncture was passed down only from father to eldest son.

The last descendant of the Tung family to practice was Tung Ching Ch’ang (董景昌; *Dong Jing Chang* in Pinyin Romanization), born in 1916 in Ping Du County, Shandong Province, Republic of China (ROC). Affectionately known as ‘Master Tung’ by many of his students, Tung learned acupuncture at the footstep of his father. Unfortunately he lived during a very tumultuous time in Chinese history, and eventually as a young man Tung joined the Kuo Min Tang (KMT, *Guo Min Dang* in Pinyin Romanization) army to fight first against the Japanese in the Second Sino-Japanese War at the dawn of World War II, and then against the Maoists during the Nationalist-Communist Civil War.

In 1949 the Maoists reigned victorious and the Nationalists (KMT) retreated to the island of Taiwan where they established the new seat of the ROC, while on the mainland the People’s Republic of China (PRC) was founded. As a Nationalist soldier, Master Tung also left permanently for the island of Taiwan. In the early 1960s, Master Tung retired from military service and opened a private acupuncture clinic. At the time he became so well known that he was frequently called to treat high level ROC cabinet members, and at one point he was sent as a cultural ambassador to Cambodia to treat the Cambodian Prime Minister Lon Nol (1913 – 1985) after he suffered a stroke.

In 1966 ROC President Chiang Kai Shek established the Chinese Cultural Renaissance Movement (中華文化復興運動; *Zhonghua Wenhua Fuxing Yundong*) to encourage preservation of traditional Chinese culture in direct response to the Cultural Revolution (文化大革命; *Wenhua Da Geming*) happening in the PRC. Master Tung was deeply touched by the movement and in order to preserve Tung’s acupuncture lineage for the benefit of future generations, he decided to train students outside of his own family, and on July 1, 1962 he took Lin Ju Chu as his first. Over the course of the rest of his life Master Tung trained 73 students who eventually went on to continue teaching Tung’s acupuncture. In 1968 Tung produced a set of notes about his points that were used by his students. Later in 1973, with the help of Yuan Guo Ben, Tung authored a book about his family system of acupuncture, which was mostly comprised of locations and indications for his family’s unique set of extra points. This original book eventually went out of print but many of his students and their students went on to write about the system.

In the early 1970s, Taiwan began the process of formal licensing for doctors of Chinese medicine. Since Tung had no formal schooling having only studied with his father in an apprenticeship setting, he was denied a license and forced out of practice. Soon thereafter Tung was diagnosed with stomach cancer and passed away in 1975.

## Points in Tung’s Acupuncture

The most prominent feature of Tung’s acupuncture is its extensive use of points not found in the dominant systems of Chinese medicine. The distribution of Tung’s points includes the entire body although, unlike most acu-

puncture systems, they are arranged topographically by anatomical zonal concepts rather than by channel (see Table 1). The most commonly used points lie on the extremities and the head, and even though there are ample points on the ventral and dorsal trunk, they are mostly bled rather than needled. The fingers, palmar surface of the hand, toes, and plantar aspect of the foot have a much greater distribution of points than in conventional acupuncture.

One of the most obvious features of Tung's acupuncture is that each of the regions of the body, designated as "zones," clearly functions as a microsystem. In other words, each zone of the body has points that affect the entire body. In addition to Tung's extra points, Master Tung himself was aware of the conventional points in acupuncture evidenced by a chapter on his unique use of conventional points included in his original 1973 book. This chapter is translated in its entirety and included in this present book.

As in conventional acupuncture, each point in Tung's system is given a unique name in Chinese. The names of the points can relate to the anatomical location of the point, the Zang Fu which the point influences, the five phases, the five tissues, or the specific indications of a point. The numbering convention created for non-Chinese speakers identifies the zone in which the point lies and the order in which the point was presented in Tung's original 1973 text. For example, Ling Gu (22.05) is found in Zone 2, and is the fifth point in that zone. Additionally, there were many points that Tung commonly used which were omitted from his original book, thus these points are not given a numerical designation and are only referred to by their Chinese name. In this book, 23 of these points are included and are listed in brackets within their corresponding zones as found in Table 1.

Zone	Location	Number of Points
1	Fingers	27
2	Palm and dorsal hand	11 (8)
3	Forearm	16
4	Upper Arm	17 (10)
5	Plantar aspect of foot	6
6	Dorsal aspect of foot	15
7	Lower leg/Calf	28
8	Thigh	32 (4)
9	Ear	8
10	Head	25 (2)
<b>Note:</b> there are also more than 160 additional points on the neck, and both the dorsal and ventral trunk.		

**Table 1 - Point Distribution in Tung's Acupuncture**

## Chinese Medical Theory and Tung's Acupuncture

In Tung's original book there is no discussion of Chinese medical theory, and in his own teaching, Tung rarely mentioned any theory to his students. There is some controversy in the community of Tung's Acupuncture practitioners about how much Chinese medical theory should be used to understand, explain, and teach the system.

The title of Tung's original 1973 text gives the first insight into this question. The original book in Chinese was called "*Dong Shi Zhen Jiu Zheng Jing Qi Xue Xue; A Study of Tung's Lineage Acupuncture and Moxibustion – Primary Channel Extra Points.*" The term chosen to describe Tung's points is notably 正經奇穴 *Zheng Jing Qi Xue* – "Primary Channel Extra Points," and is a clear reference to his points being located in relation to the channels of regular acupuncture. Certainly, many points in Tung's system overlap conventional acupuncture points with identical indications (e.g., *Huo Chuan* 33.04 is located at *Zhi Gou* SJ-6; used in both Tung's and conventional acupuncture to treat constipation). Likewise, some of Tung's points are named in relation to either conventional channels or acupuncture points (e.g., *Ce San Li* 77.22 translates as "next to San Li," a reference to its location lateral to *Zu San Li* ST-36). It is clear that Tung's points relate to the channels and conventional acupuncture points, and can therefore be understood in reference to Chinese medical theory. This topic will be explored in much greater depth in the chapters that follow.

According to one of Tung's direct disciples, Dr. Wei-Chieh Young, every time questions were raised to Tung, he would say, "Observe for yourself, then think about it" (Wei-Chieh Young, 2008a, p. 269/270). This is certainly the reason why the original canon of point indications was broadened or changed over time and that in the course

of this evolution even additional points were created by some of Tung's students. This is also certainly why it is appropriate to apply Chinese medical theory to Tung's system even though Tung himself did not write about it. In the classical Chinese tradition, good students were expected to take a small idea and then be able to expand it beyond the original teaching. In the Shu Er (Book 7 of the Analects of Confucius), the Confucius says, "I do not open up the truth to one who is not eager to get knowledge, nor help out any one who is not anxious to learn. When I have presented one corner of a subject to any one, and he cannot from it learn the other three, I do not repeat my lesson." In a way then, we have to view Tung's acupuncture as a living system to which we all can and should contribute.

## 1.1. Conventions used in this book

### Abbreviations of Channel Names

Lung	LU	Large Intestine	L.I.
Stomach	ST	Spleen	SP
Heart	HT	Small Intestine	S.I.
Bladder	BL	Kidney	KID
Pericardium	PC	San Jiao	SJ
Gallbladder	GB	Liver	LIV
Du Mai	DU	Ren Mai	REN

### Capitalization

All classical Chinese terms and specific expressions have been capitalized. Examples include: Small Taiji, Upper Jiao, Qi, Blood, Zang Fu, Hand Tai Yang, etc.

For organs or organ systems, capitalization has been used when the Chinese Zang or Fu is meant exclusively; example: Zang Liver. If the same organ is mentioned in the Western medical context it is not capitalized; example: liver cirrhosis.

### Romanization

Chinese is a language that is quite different from European languages such as English, which are written with alphabets. From the earliest times Chinese has been written with a logographic system where a "character" represents a word or a part of a word. For people who cannot read Chinese characters, linguists have developed ways of Romanizing Chinese, in other words writing out the pronunciation of Chinese words with the Roman alphabet. The two most common Romanization systems are Wade-Giles, the older of the two, and Hanyu Pinyin (or Pinyin for short), the newer of the two. For example, "Tung" is the Wade-Giles Romanization of the Chinese character 董, while "Dong" is the Pinyin Romanization for the same word. In both instances the word is pronounced the same (with a "d" sound), although in the former a "d" sound is written with a "t." Since Pinyin is the more accepted academic standard today, throughout this book we adopt Pinyin spellings for most Chinese words. The exceptions are for proper names that are readily known mostly in the Wade-Giles form (such as Master Tung, or Chiang Kai Shek).

## 2. Theoretical Basis of Point Selection, Point Location, and Point Indication in Tung's Acupuncture

### Chinese Medicine's Guiding Principle

All branches of Chinese medicine, including the use of acupuncture, moxibustion, and medicinals, share common guiding principles first established in the Huang Di Nei Jing. Furthermore, all authentic lineages of medicine, including the Tung family lineage of classical acupuncture, embody these very same principles. In the very first chapter of the Su Wen (*Shang Gu Tian Zhen Lun*, Treatise on Heavenly Truth from High Antiquity) there is a basic discussion that sets the key for all subsequent discourses in the text and for all of Chinese medicine as a whole. At the beginning of this chapter Huang Di asks Qi Bo why contemporary people frequently suffer illnesses and live short lives while people in ancient times enjoyed health and vigor until the age of 100. The answer that Qi Bo gives begins to describe the main guiding principle in all of Chinese medicine. He says that "people of high antiquity understood the Dao," and then continues that they understood the workings of Yin and Yang, and knew how to act in accord with the larger principles of the natural world. When Qi Bo says "Dao" he means the unifying principles of nature. This is the simplest, most profound, and yet difficult to understand and apply of all principles in medical practice.

Later physicians agree. The Qing Dynasty *Shang Han Lun* master Zheng Qin An said, "in the practice of medicine, knowing how to use medicines is not difficult, what is difficult is knowing the pattern presentation. But then, knowing the pattern presentation is not difficult; knowing Yin and Yang is what is difficult." (Zheng, 2007) Yin and Yang are Chinese scientists' way of describing "understandable natural laws" and a way of understanding "the workings of the entire universe." (Unschuld, 2003) This is vitally important in the practice of medicine because humans are a miniature version of the natural world, mirroring the positive and negative changes in that environment. Thus, understanding change in natural world allows the physician to understand the human body in both health and disease. Su Wen Chapter 74 (*Zhi Zhen Yao Da Lun*, Great Treatise on the Essentials of the Most Reliable) says, "Heaven and earth are the grand principle. Man's shen-spirit penetrates and reflects it." This, one of the most important passages in all the Nei Jing, clearly explains that the guiding principle in medical practice is the understanding of the natural world and how humans interact within and in relation to that world. When physicians fathom this, they understand how to rectifying disharmonies which create disease. In Chinese, this philosophy of unity is described as "Heaven, Earth and Humanity in Harmony" (天地人和 *tian di ren he*), or "Heaven and Humanity Unite as One" (天人合一 *tian ren he yi*). Translating these philosophical ideas into reliable practical treatment strategies to benefit our patients is at the core of classical Chinese medicine.

### 2.1. Point Selection based on Correspondence in Tung's Acupuncture

A unifying concept which encompasses what has been outlined in detail in the previous paragraph is that of Correspondence which can serve as an integrative model to help us understand human beings and their interaction with nature and the universe. Within this model the human organism is viewed as a microcosm with structural and functional characteristics corresponding to those of its immediate environment and nature, as well as to those of the universe.

On a smaller scale, analogous rules of correspondence can be observed within the human organism which apart from their philosophical implications, have been of wide practical use in acupuncture therapy. They provide us with a reliable tool for point selection, location, and indication. This in turn also helps to meet scientific criteria: acupuncture can be taught in a rational fashion, its results are reproducible, and can be communicated in a way which is universally understood by all qualified readers.

In Tung's system three sets of correspondences are essential for point selection and treatment strategy:

***Image Correspondence – Channel Correspondence – Tissue Correspondence.***

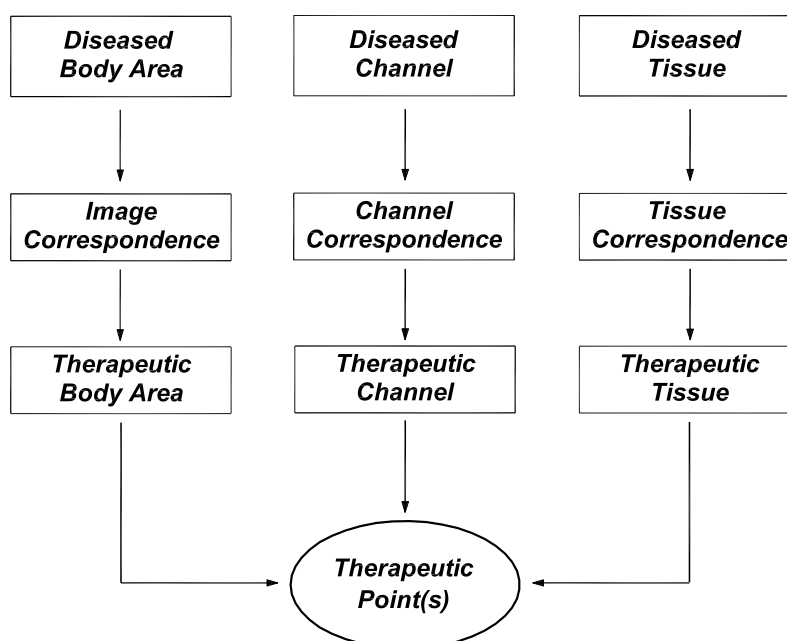


Fig. T-1

Flow chart illustrating the use of the three correspondences to identify effective acupuncture points

The flow chart in our figure T-1 provides a simplified overview of how effective acupuncture points can be identified using these three systems of correspondence. In essence a sufficiently complete and reliable Chinese medical diagnosis focuses on three components, namely the diseased body area(s), the diseased channel(s), and the diseased tissue(s). Each component of the diagnosis is then ‘processed’ through its appropriate system of correspondence. The Image Correspondence identifies a therapeutically effective body area(s), the Channel Correspondence identifies therapeutically effective channel(s), and the Tissue Correspondence identifies the therapeutically effective tissue(s). The three systems eventually converge to yield the therapeutic point(s).

In the following paragraphs we will explain the three systems of correspondence in some detail to make the reader familiar with the structure of Tung’s thinking. In the main body of this book which describes and analyses Master Tung’s points and their indications in detail we will try to explain each point’s indication and mode of action within the framework of correspondence.

### 2.1.1. Image Correspondence

As can be inferred from the flow chart of our figure T-1 the Image Correspondence contains a set of rules that enables the therapist – once the diseased body region has been properly diagnosed – to identify one or more body regions suitable for needling. An important aspect of Tung’s system is implicit in this definition, namely that the diseased area itself is not needed. All acupuncture points are distal points.

The key symbol and term used to describe the Image Correspondence of body parts vis-à-vis each other is the **Taiji**. An alternative term sometimes used is “holographic correspondence.” Within the context of Tung’s acupuncture Taiji means that all properties – or in modern parlance, all information – of the whole body is also contained in its individual parts. This mutual interrelationship between corresponding parts provides the rationale for treating diseased structures by needling distal and analogous healthy areas.

We note in passing that modern science has shown several aspects of this picture to partly correlate with contemporary findings. Without embarking on a detailed analysis we wish to briefly mention three of them. Embryonic cells contain enough genetic information to develop into a whole organism, and even in adulthood cells can retain some of this potential. Thus, in the extreme, one cell “corresponds” to a whole organism. Another example is the surface of the sensory-motor cortex of the brain which looks like a distorted map of the whole body and governs important input-output relations of the limbs and trunk. Here a part of the body, the cortex, “corresponds” to a whole system. Yet another well-documented, though poorly understood phenomenon is “referred pain” which, in contrast to radiating pain, appears at distant areas of the trunk or extremities during diseases of internal organs. The interpretation within Chinese coordinates would be that the sites where the pain is actually felt “correspond” to the diseased organ.

The three Taiji of Tung's acupuncture are of different scaling which, as will become clear in the following paragraphs, is the reasons for their names:

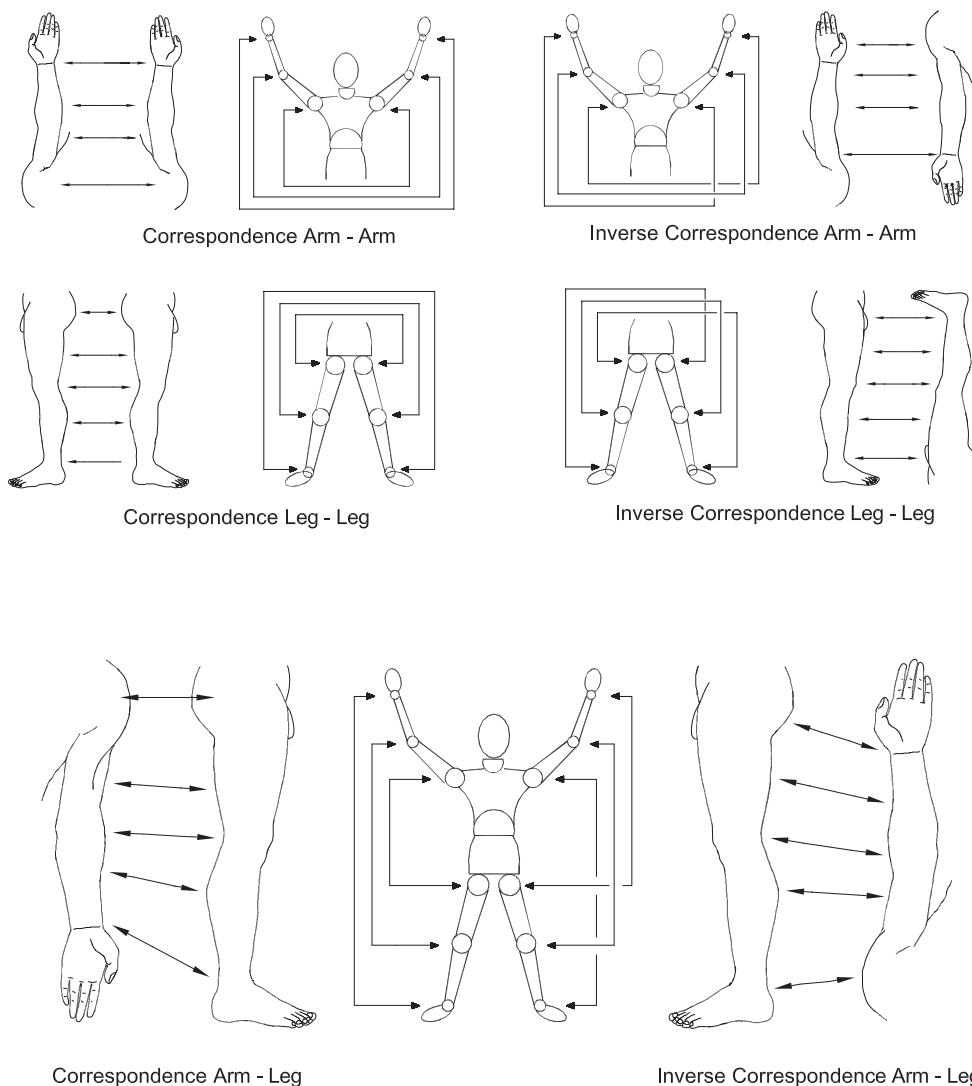
**Large Taiji – Medium Taiji – Small Taiji**

**Large Taiji**

In the Large Taiji the parts corresponding with each other are of approximately the same size and proportion. The term Large Taiji is used in two different contexts, namely **(A)** when treating diseased extremities or **(B)** when treating diseased areas of the trunk (including the Three Jiao and Zang Fu located within these areas), and of the head.

**Large Taiji (A)**

In the Large Taiji (A) diseased parts of extremities are projected onto corresponding areas of other extremities. The “geometric” rules for the Large Taiji correspondence of the extremities are depicted in our figure T-2.



**Fig. T-2**  
Large Taiji (A): Correspondence of the extremities

The simplest constellation is that a diseased extremity is projected onto its opposite counterpart. Thus arm corresponds to arm, and leg corresponds to leg. This correspondence can be used in the ‘normal’ orientation with hands loosely hanging down by the sides and feet resting on the ground. The left half of the upper panel in figure T-2 depicts this situation (Correspondence Arm – Arm and Correspondence Leg – Leg). In this orientation diseases of the hand/foot are treated through points on the healthy hand/foot of the other side, the shoulder is treated by the contralateral shoulder, and the elbow by the contralateral elbow. The same holds true for all areas in between the joints.

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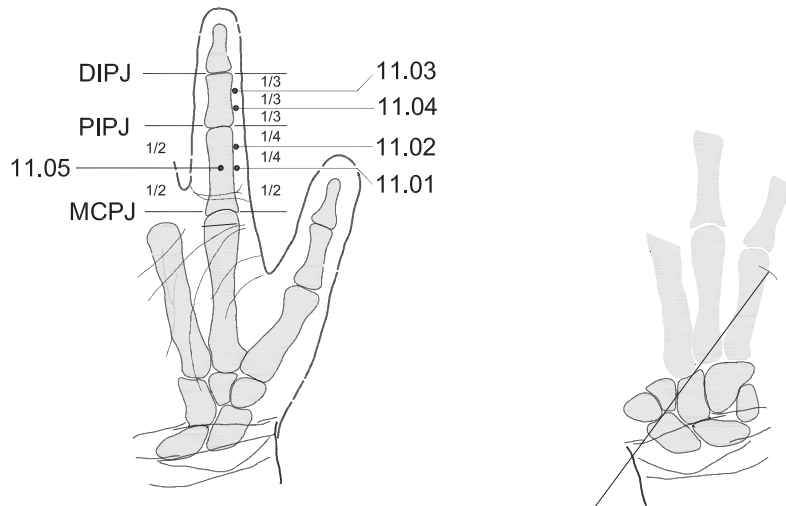
# Points on the Fingers

## Zone 1

### Points 11.01 – 11.27

#### Zone 1

Points 11.01, 11.02, 11.03, 11.04, 11.05, 11.06



## **Comments on Indications of Da Jian (11.01), Xiao Jian (11.02), Fu Jian (11.03), Wai Jian (11.04), and Zhong Jian (11.05)**

### **Image Correspondence**

Depending on whether the Large, Medium, Small Taiji or their inverted orientations are used, Da Jian (11.01), Xiao Jian (11.02), Fu Jian (11.03), Wai Jian (11.04), and Zhong Jian (11.05) either correspond to the Lower Jiao, inguinal and uro-genital areas, or to the Middle/Upper Jiao, head and face (including mouth and eyes).

### **Channel Correspondence**

Da Jian (11.01), Xiao Jian (11.02), Fu Jian (11.03), Wai Jian (11.04), and Zhong Jian (11.05) are all located on – or adjacent to – the Large Intestine channel. The Large Intestine channel by itself and via the Stomach channel (same name correspondence) influences the face (including especially the teeth and eyes) and the gastrointestinal tract. The indication for respiratory deficits can be understood through channel correspondences with Lung (Yang Ming Large Intestine – Tai Yin Lung, internal – external pairing). Inguinal hernia and impaired vision are associated with the Liver channel, which has a branching and connecting channel correspondence with the Large Intestine (Yang Ming – Jue Yin). In cases of cardiac dysfunction and its consequences (e.g., painful edema of the knee joints) the alleviating effects of the points are mediated by the Stomach channel (same name correspondence) via its channel divergence which penetrates the Heart Zang. Furthermore, according to Ling Shu Chapter 11 (*Jing Bie*, Channel Divergences) the Liver channel divergence reaches the Heart. Symptoms such as dizziness, vertigo and blurred vision occurring together may be due to combined dysfunctions of the Liver and the cardio-vascular system; both are covered by the channel correspondences described. Furthermore, in Tung's system points that treat the Heart are also useful for knee pain.

### **Tissue/Zang Fu Correspondence**

Da Jian (11.01), Xiao Jian (11.02), Fu Jian (11.03) and Wai Jian (11.04) are located where needling close to the bone will go along or through the tendons of the lumbrical and interosseus muscles, which, insert at the ulnar and radial sides of the phalangeal bones. Needling the tendons will contribute to harmonizing and soothing the Liver.

Needling Zhong Jian (11.05) will penetrate the tendon of the flexor digitorum muscles in addition which corresponds to tendon and harmonizes the Liver.

Da Jian (11.01), Xiao Jian (11.02), Fu Jian (11.03), Wai Jian (11.04), and Zhong Jian (11.05) are all needed with cutting or shaving the bone technique, which invigorates the Kidney.

### **Needling and/or Manipulation**

Perpendicular needling closely along the edge of the phalangeal bone (“cutting or shaving the bone”).

For detailed needling instructions see the Appendix of this section.

The traditional prescription describes needling a point shallowly for symptoms located close by and increasing insertion depth when targeting more remote pathologies. For the points described in this section, needling 0.1 – 0.2 cun preferentially treats anatomically closer structures such as the head, face, heart and chest, while needling 0.3 cun and deeper treats hernia and knee joint complaints.

Traditional guidelines also contraindicate bilateral needling of Da Jian (11.01), Xiao Jian (11.02), Ju Jian (11.03), Wai Jian (11.04) and Zhong Jian (11.05). Furthermore, the left (i.e., Yang) side is needled in males and the right (i.e., Yin) side in females. If symptoms are unilateral, needling can be done contralaterally regardless of gender.

### **Special recommendations**

For treatment of hernia Miriam Lee recommends needling Da Jian (11.01), Xiao Jian (11.02) Wai Jian (11.04), and Zhong Jian (11.05) combined with bleeding the area of the medial malleolus.

## **Comments on Indications of Huan Chao (11.06)**

### **Image Correspondence**

In the Large and Medium Taiji the location of Huan Chao (11.06) corresponds to the region of the reproductive system.

**Channel Correspondence**

Huan Chao (11.06) is located on the San Jiao channel. It regulates the San Jiao and invigorates the Kidney via the branching and connecting channel correspondence (Shao Yang – Shao Yin). In Master Tung's system all points on the ring finger also pertain to the Liver, and Huan Chao (11.06) harmonizes the Liver to disperse Qi stagnation. This is because the Shao Yang San Jiao communicates with the Shao Yang Gallbladder, a channel commonly used to move stagnation in the Liver (e.g., herbs such as Chai Hu Bupleurum move stagnant Liver Qi by mainly entering the Foot Shao Yang Gallbladder). Furthermore, according to Ling Shu Chapter 10 (*Jing Mai, On the Channels*), the San Jiao channel governs disorders of the Qi, and thus can effectively regulate Qi.

**Tissue/Zang Fu Correspondence**

Huan Chao (11.06) is located where perpendicular needling goes through the tendons of the lumbrical and interosseus muscles which insert at the ulnar and radial sides of the phalangeal bones. Needling the tendons contributes to harmonizing and soothing the Liver. Touching the bone with the needle tip enhances its effect on the Kidney.

**Needling and/or Manipulation**

Perpendicular insertion until the bone is touched, or needling along the palmar surface of the bone (cutting or shaving the bone technique).

For detailed needling instructions see the Appendix of this section.

**Special recommendations**

Usually Huan Chao (11.06) is only needled on one side. For infertility, habitual miscarriage, and other dysfunction of the female reproductive system Huan Chao (11.06) is combined with Fu Ke (11.24) on opposite sides.

For uterine pain after abortion combine Huan Chao (11.06) with Zhong Ji (REN-3) and Zi Gong (M-CA-18).

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**Zone 1**

**Points 11.07, 11.08, 11.09, 11.10, 11.11, 11.12, 11.13**

DIP

PIPJ

MCPJ



## **Comments on Indications of Zhi Si Ma (11.07) and Zhi Wu Jin (11.08)**

### **Image Correspondence**

In the Large and Medium Taiji these points cover the abdomen and Lower Jiao. In the inverted Large and Medium Taiji they correspond to the Upper Jiao and the face.

### **Channel Correspondence**

Zhi Si Ma (11.07) and Zhi Wu Jin (11.08) are located on – or adjacent to – the Large Intestine channel.

Zhi Si Ma (11.07) is located on the Large Intestine channel which itself reaches the nose (rhinitis). The Large Intestine Luo vessel reaches the ear thereby treating tinnitus. The indication for chest pain and pleurisy can be understood through channel correspondences with Lung (Large Intestine – Lung, internal – external pairing). This correspondence also covers skin diseases (acne, dermatitis) since the tissue of the Lung is the skin.

Together with its same named channel, the Yang Ming Stomach, the Large Intestine channel treats gastrointestinal tract disorders (abdominal pain, enteritis). When the syndrome “fishbone stuck in the throat” is taken literally the beneficial influence of Zhi Wu Jin (11.08) can be viewed as a consequence of the Large Intestine and Lung channels influencing the (externally – internally coupled) larynx and pharynx. When, however, the feeling of something stuck in the throat (plum pit Qi) is caused by depressed Liver Qi, the alleviating effect would rather be attributed to Large Intestine’s harmonizing effect on the Liver via its branching and connecting channel correspondence (Yang Ming – Jue Yin).

### **Tissue/Zang Fu Correspondence**

Zhi Si Ma (11.07) and Zhi Wu Jin (11.08) are located where needling close to the bone will go along or through where the tendons of the lumbrical and interosseus muscles insert at the ulnar and radial sides of the phalangeal bones. Needling the tendons contributes to harmonizing and soothing the Liver providing for smooth flow of Qi. Needling Zhi Si Ma (11.07) and Zhi Wu Jin (11.08) penetrates the skin and touches the bone. Therefore they correspond to Lung (skin), and Kidney (bone). While their effects on the upper (throat) and lower (lung) respiratory system are prominent, any effects on Kidney (or bones) are obviously missing from the indications.

### **Needling and/or Manipulation**

Perpendicularly along the edge of the phalangeal bone (cutting or shaving the bone technique); 0.2 – 0.3 cun in depth.

For detailed needling instructions see the Appendix of this section.

### **Special recommendations**

Miriam Lee states that Zhi Si Ma (11.07) treats flank pain due to any cause.

Wei-Chieh Young states that Zhi Si Ma (11.07) is very effective for shoulder pain. Furthermore it can be helpful during delactation because Zhi Si Ma (11.07) is a finger point analogue to the leg Si Ma points (88.17, 18, 19), which treat the chest (in the Large Taiji) and are located on the Stomach channel that crosses the breast region. This is one example for Zhi Si Ma (11.07) acting like the Si Ma points on the leg, the difference being that leg points are more suitable for treating chronic patterns.

For treating skin diseases of the fingers on the palmar side Wei-Chieh Young recommends to combine Zhi Si Ma (11.07) with Mu (11.17).

All points named “Wu Jin” and “Qian Jin” are indicated for diseases of the abdomen, intestines, and throat. The word “Jin” means metal and is a reference to the Large Intestine channel system which connects all these areas. However, Zhi Wu Jin (11.08) is less effective than Shou Wu Jin (33.08) and Shou Qian Jin (33.09) on the forearm, or Zu Wu Jin (77.25), and Zu Qian Jin (77.24) on the lower leg.

## **Comments on Indications of Xin Xi (11.09), Mu Huo (11.10), Fei Xin (11.11), Er Jiao Ming (11.12), and Dan (11.13)**

### **Image and Channel Correspondences**

Xin Xi (11.09), Mu Huo (11.10), Fei Xin (11.11), Er Jiao Ming (11.12), and Dan (11.13) are located on the middle finger.

The symbolism and correspondence associated with their locations have two aspects. On the one hand, looking at the dorsum of the hand gives the image of the middle finger representing the longitudinal axis of the hand and, in a holographic analogy, of the back of the trunk and the Du Mai (similar to Korean Hand Acupuncture mapping).

This explains why Mu Huo (11.10), Fei Xin (11.11), and Er Jiao Ming (11.12), which are all located on the dorsal midline of the middle finger, alleviate pain of the back and spine. The points – due to their location on the Pericardium channel – also activate the Kidney (channel clock Yin/Yin neighbor of the Pericardium) which would support the vertebral bone structure.

Furthermore, points on the middle finger are on – or close to – the Pericardium channel, which explains their effects on the heart. Via the same name correspondence Pericardium interacts with Liver (Hand Jue Yin – Foot Jue Yin) which aids in treating Liver wind (stroke). The effects on the knees are primarily focused on pain radiating along the Stomach channel as the Pericardium interacts with Stomach via the branching and connecting channel correspondence (Hand Jue Yin – Foot Yang Ming). If the dorsal aspect of the middle finger mirrors the Du Mai, then Fei Xin (11.11) is in a similar location to Gao Huang Shu (BL-43), a treatment point in Tung's acupuncture for knee pain when bled.

One of the indications for Mu Huo (11.10) is “straw-shoe wind“ (草鞋風), a disease term in Chinese medicine that refers to itching and pain with sores that begin in the upper thigh and travel down to the foot. The Song of the Jade Dragon from the Zhen Jiu Da Cheng says that red swollen legs, known as straw-shoe wind, are treated with Kun Lun (BL-60), Shen Mai (BL-62) and Tai Xi (KID-3). Other classical points that treat this condition include San Yin Jiao (SP-6), Yang Ling Quan (GB-34) and Xuan Zhong (GB-39).

### **Tissue/Zang Fu Correspondence**

Xin Xi (11.09) and Dan (11.13) are located where needling close to the bone will go along or through the tendons of the lumbrical and interosseus muscles, which insert at the ulnar and radial sides of the phalangeal bones. Needling the tendons will contribute to harmonizing and soothing the Liver providing for smooth movement of Qi and extinguishing wind in cases of stroke. Touching the bone will invigorate the Kidney which assists in the treatment of back pain. Touching the bone also treats Fear associated with the Kidney as in the indications for Dan (11.13). The same Tissue/Zang Fu Correspondences exist for Mu Huo (11.10), Fei Xin (11.11), and Er Jiao Ming (11.12) although the tendon involved is that of the finger extensor muscles.

### **Needling and/or Manipulation**

Xin Xi (11.09) and Dan (11.13) – Perpendicular needling along the edge of the phalangeal bone (cutting or shaving the bone) 0.2 – 0.3 cun deep.

For detailed needling instructions see the Appendix of this section.

Mu Huo (11.10), Fei Xin (11.11), and Er Jiao Ming (11.12) – Tangential needling under the skin and connective tissue, aiming towards the little finger.

Tung used Mu Huo (11.10) when he treated President Lon Nol of Cambodia for stroke. The traditional needling recommendation is to needle with 5 minutes retention on the first treatment, 3 minutes retention on the second treatment 5 days later, and 1 minute retention on the third treatment 5 days after the second.

### **Special recommendations**

Wei-Chieh Young states that the Xin Xi points (11.09) are among the most frequently used Tung points for knee joint pain.

Miriam Lee reports that the Xin Xi points (11.09) also treat shoulder pain and relax shoulder muscles.

For treatment of whiplash Fei Xin (11.11) can be combined with San Jian (L.I.-3) as a guiding point.

Wei-Chieh Young recommends Er Jiao Ming (11.12) for high intraocular pressure (Glaucoma).

Miriam Lee recommends Er Jiao Ming (11.12) “especially for twisted or wrenched lower back. One cannot breathe, one cannot stand straight, one cannot move” (Lee, 2002, p.18).

Dan (11.13) has an effect similar to Wen Dan Tang (Warm the Gallbladder Decoction).

## 4. Identifying Points by Symptoms, Syndromes, and Diseases

In a way this register is the inverse of the previous section “Tung’s Points – Their Locations and Indications.” After a symptom or deficit has been diagnosed this list helps the reader to search for points which may be applicable. Of course many similar symptoms (e.g. dizziness, back pain etc.) can be due to very diverse underlying syndromes. Therefore points listed for a given complaint will be equally diverse which reflects their specific relevance within the causal chain or the time course of a disease.

Therefore this section must be viewed as a point finder rather than a list of point combinations or Dao Ma groups directly suitable for treatment. Which of the points listed under a certain complaint can be combined for a given case must then be determined from their modes of action (Image Correspondence, Channel Correspondence etc. as described in the previous section) in relation to the syndrome pattern.

Later in this book we will present a number of treatment recommendations consisting of established point combinations and Dao Ma Groups taken from various sources.

### ***abdominal cramps, urgent diarrhea***

(33.10) Chang Men

### ***abdominal distension***

(44.07) Bei Mian

(66.09) Shui Qu

(88.26) Shang Jiu Li

(1010.15) Fu Kuai

Shi Shui

### ***abdominal distension, acute***

(1010.10) Si Fu Er

(1010.11) Si Fu Yi

### ***abdominal gas bloating***

(33.01) Qi Men

(33.02) Qi Jiao

(33.03) Qi Zheng

### ***abdominal pain***

(11.08) Zhi Wu Jin

(33.09) Shou Qian Jin

(55.05) Hua Gu Si

(66.05) Men Jin

(1010.15) Fu Kuai

(1010.17) Qi Kuai

Ma Ji

### ***abdominal pain and indigestion due to chronic pancreatitis***

(11.18) Pi Zhong

### ***abscesses***

(11.26) Zhi Wu

(77.27) Wai San Guan

### ***acne***

(11.07) Zhi Si Ma

(99.07) Er Bei

### ***activation of heart and blood circulation***

(11.10) Mu Huo

### ***alcohol intoxication***

(99.01) Er Huan

### ***allergies***

(99.05) Jin Er

### ***amenorrhea***

(66.02) Mu Fu

### ***anal prolapse***

(33.01) Qi Men

(33.02) Qi Jiao

(33.03) Qi Zheng

### ***anemia***

(33.07) Huo Fu Hai

### ***angina pectoris***

(55.01) Huo Bao

### ***ankle, sprained***

(33.04) Huo Chuan

### ***anti-bacterial point***

(44.05) Hou Zhi

### ***anus diseases***

(33.10) Chang Men

### ***aphasia***

(1010.07) Zong Shu

### ***aphasia due to stroke***

(88.29) Nei Tong Guan

### ***aphasia due to stroke***

(88.30) Nei Tong Shan

(88.31) Nei Tong Tian

**aphonia**

(88.32) Shi Yin

**appendicitis**

(66.05) Men Jin

**appetite, poor**

(22.05) Ling Gu

**arm pain**

(33.14) Di Shi  
 (44.06) Jian Zhong  
 (44.08) Ren Zong  
 (44.16) Shang Qu  
 (44.17) Shui Yu  
 (44.17) Shui Yu  
 (77.05) Yi Zhong  
 (77.06) Er Zhong  
 (77.07) San Zhong  
 (77.17) Tian Huang  
 (77.27) Wai San Guan  
 (88.25) Zhong Jiu Li

**arm pain due to heart channel impairment**

(88.26) Shang Jiu Li

**arm pain so that they cannot lift**

(55.03) Hua Gu Er

**armpit odor**

(44.12) Li Bai  
 (DT.01) Fen Zhi Shang  
 (DT.02) Fen Zhi Xia

**arrhythmia**

(33.12) Xin Men

**arteriosclerosis**

(44.09) Di Zong  
 (44.13) Zhi Tong  
 (44.14) Luo Tong  
 (77.09) Si Hua Zhong  
 (77.10) Si Hua Fu

**arteriosclerosis and heart disease**

(44.09) Di Zong

**arthritis**

(11.16) Huo Xi

**arthritis of the knee, degenerative**

(77.13) Si Hua Li

**arthritis, rheumatoid**

(11.27) Wu Hu  
 (77.17) Tian Huang  
 Gu Guan  
 Mu Guan

**arthritis, rheumatoid, with painful joints (enlarged bones)**

(11.22) Fu Yuan

**asthma**

(22.01) Chong Zi  
 (33.07) Huo Fu Hai  
 (33.13) Ren Shi  
 (33.14) Di Shi  
 (33.15) Tian Shi  
 (33.16) Qu Ling  
 (44.08) Ren Zong  
 (77.08) Si Hua Shang  
 (77.09) Si Hua Zhong  
 (77.10) Si Hua Fu  
 (88.17) Si Ma Zhong  
 (88.18) Si Ma Shang  
 (88.19) Si Ma Xia  
 (1010.02) Zhou Yuan  
 (1010.03) Zhou Kun  
 (1010.04) Zhou Lun  
 (1010.19) Shui Tong  
 (1010.20) Shui Jin

**asthmatic breathing**

(22.11) Tu Shui

**astigmatism**

(77.18) Shen Guan  
 (77.28) Guang Ming

**back pain**

(11.15) Zhi Shen  
 (22.01) Chong Zi  
 (22.02) Chong Xian  
 (55.04) Hua Gu San  
 (77.02) Zheng Zong  
 (77.03) Zheng Shi  
 (77.04) Bo Qiu  
 (88.10) Tong Wei  
 (88.12) Ming Huang  
 (88.13) Tian Huang  
 (88.14) Qi Huang  
 (88.15) Huo Zhi  
 (88.16) Huo Quan  
 (88.17) Si Ma Zhong  
 (88.18) Si Ma Shang  
 (88.19) Si Ma Xia  
 (88.27) Xia Jiu Li  
 (77.24) Zu Qian Jin  
 (77.25) Zu Wu Jin  
 Fan Hou Jue  
 Pi Er  
 Pi San  
 Pi Yi  
 San Cha Yi

**back pain, especially due to Kidney vacuity**

(22.08) Wan Shun Yi  
 (22.09) Wan Shun Er

**bearing down pain of the testes**

(11.01) Da Jian

## 5. Tung's Use of Regular Channel Points

The material in this section was originally included as “Tung’s Revised Indications for the Points on the Fourteen Channels,” a chapter in Master Tung’s 1973 text. In that chapter Tung gives a list of conventional acupuncture points and then his specific indications for these points. Some of these indications are not surprising, but some are different from the typical indications associated with these points in regular acupuncture texts.

One of the important things this section of Tung’s writing teaches us is that Tung was aware of the conventional points of acupuncture. Furthermore, this section makes obvious the fact that many of Tung’s points do in fact overlap in location with conventional points. Here the entire section of Tung’s original book is translated with added commentaries. To make the original text clear, translation is followed by a section named “commentary.” This section refers to several groups of bloodletting points found on the dorsal trunk (DT area) and ventral trunk (VT area). These points are not explained in detail in this text and readers are referred to McCann, 2014 for more information.

### Lung Channel

Yun Men (LU-1), Zhong Fu (LU-2) – scarlet fever (use bloodletting method)

Commentary: Scarlet fever is caused by streptococcus pyogenes infection leading to sore throat, fever, bright red “strawberry” tongue, and fine, red rash. In Chinese medical terms this is a type of epidemic heat toxins.

Tian Fu (LU-3) – sciatica related to the Heart channel (use with Xia Bai LU-4)

Chi Ze (LU-5), Kong Zui (LU-6) – asthma related to the Lung channel

Lie Que (LU-7), Yu Ji (LU-10) – bone pain, aching and numbness of the whole body

Commentary: These indications are similar to the indications Tung gives for Chong Zi (22.01) and Chong Xian (22.02), points in a similar location to Yu Ji (LU-10).

Shao Shang (LU-11) – bleed for nosebleeds (in children under 3, gently pinch the point for 5 seconds; one cannot use needle on these patients)

### Large Intestine Channel

Fu Tu (L.I.-18), Tian Ding (L.I.-17) – bloodlet to treat throat inflammation

Commentary: This is an example of bloodletting the local area that is typical of the anterior trunk points in Tung’s acupuncture; this is the same indication as Hou E Jiu (VT.01), points located in the throat area which are bled for similar functions (see McCann 2008).

Wen Liu (L.I.-7), Xia Lian (L.I.-8) – foot pain; treat together for Lung channel sciatica

Commentary: Large Intestine channel can treat Kidney channel through the opposite clock channel relationship. In the large Taiji projection this area relates to the lower back, and (through the limb to limb relationship) the lower leg, which is an area commonly effected by sciatica. In Tung’s acupuncture Lung channel sciatica can be seen when sciatica is accompanied by wasting of the thenar eminence and the area of He Gu (L.I.-4). In terms of Chinese medical pattern diagnosis wasting in this area of the hand also indicates generalized Qi and Blood vacuity.

He Gu (L.I.-4), Qu Chi (L.I.-11) – use together to treat headache

He Gu (L.I.-4) – abdominal pain

Bi Nao (L.I.-14) – foot pain (needle unilaterally); dizziness due to hypertension (needle bilaterally)

Commentary: The indication of foot pain is similar to other points in this area of the arm such as Jian Zhong (44.06). For unilateral complaints needling is done contralaterally, and for internal complaints needling can be done bilaterally.

Shou San Li (L.I.-10) – numbness of the hands

## 6. Therapeutic Index of Selected Established Point Combinations and Dao Ma Groups

### Definitions of frequently used Dao Ma point group names:

San Jie Mei 三姐妹 (Three Sisters) Dao Ma Group: Jie Mei Yi (88.04), Jie Mei Er (88.05), Jie Mei San (88.06)

San Zhong San Zhen 三重三針 (Three Weights Three Needles) Dao Ma Group: Yi Zhong (77.05), Er Zhong (77.06), San Zhong (77.07)

Shang San Huang 上三黃 (Upper Three Yellow) Dao Ma Group: Ming Huang (88.12), Tian Huang (88.13), Qi Huang (88.14)

Shen Tong San Zhen 腎通三針 (Penetrate Kidney Three Needles) Dao Ma Group: Tong Shen (88.09), Tong Wei (88.10), Tong Bei (88.11)

Xia San Huang 下三皇 (Lower Three Emperors) Dao Ma Group: Tian Huang (77.17) or Shen Guan (77.18), Di Huang (77.19), and Ren Huang (77.21)

Zu Jiu Li 足九里 (Leg Nine Miles) Dao Ma Group: Zhong Jiu Li (88.25), Shang Jiu Li (88.26), Xia Jiu Li (88.27)

Zu San Tong 足三通 (Leg Three Penetrations) Dao Ma Group: Tong Guan (88.01), Tong Shan (88.02), Tong Tian (88.03)

Zu Si Ma 足駟馬 (Leg Rapid Horses) Dao Ma Group: Si Ma Zhong (88.17), Si Ma Shang (88.18), Si Ma Xia (88.19)

### Guidelines for Using This Section

This section presents point protocols for commonly seen diseases. These protocols are meant as possible suggestions from a variety of Chinese and English language sources written by experienced practitioners of Tung's acupuncture, as well as the clinical experience of the authors of this text. Protocols listed in this section are possible treatments but not the only ones that will be clinically effective. Readers are encouraged to compare the points listed below with their descriptions presented earlier in this text to get a better idea when these protocols will be effective. In each case the clinician should take into consideration the image, channel and tissue correspondences for the points listed. Furthermore, points should be examined or palpated for reactivity (e.g., pain on palpation, tissue changes along the relevant channels, visible spider nevi or venous congestion, etc...). Even more so than a treatment formulary, this section should stimulate thought about how each of the diseases listed can be treated. When appropriate the original author (e.g., Young, Hu, Lee, etc...) of each protocol is listed by last name. When no source is listed the protocol is generally utilized by a number of authors, or comes from the experience or research of the authors of this text.

In some protocols points on the trunk for bleeding are referenced. Since these points are not discussed in this text, the description of location is given in the footnotes.

## **Overview of Categories of Disease**

### 6.1 External Disease Patterns

### 6.2 Disease Patterns of the Sensory Orifices

#### 6.2.1 Ears

#### 6.2.2 Eyes

#### 6.2.3 Nose

### 6.3 Lung Disease Patterns

### 6.4 Heart and Chest Disease Patterns (Including Mind-Affect Disorders)

#### 6.4.1 Cardiovascular Diseases and Disorders of the Chest

#### 6.4.2 Mind-Affect Disorders (Jing-Shen Bing)

### 6.5 Spleen, Stomach and Intestine Disease Patterns (Including Diabetes)

### 6.6 Liver Disease Patterns (Including Hypertension)

### 6.7 Kidney and Bladder Disease Patterns

### 6.8 Disease Patterns of the Channels and Network Vessels (Including Pain Management and Stroke)

#### 6.8.1 Head

#### 6.8.2 Facial Region

#### 6.8.3 Shoulder Region

#### 6.8.4 Neck and Back

#### 6.8.5 Upper Extremities

#### 6.8.6 Lower Extremities

#### 6.8.7 Stroke (Zhong Feng)

### 6.9 Gynecology and Obstetrics Disease Patterns

#### 6.9.1 Menstrual Disorders

#### 6.9.2 Vaginal and Vulvar Disorders

#### 6.9.3 Disorders of the Uterus

#### 6.9.4 Disorders of the Fallopian Tubes and Ovaries

#### 6.9.5 Breast Disorders

#### 6.9.6 Disorders of Pregnancy and Fertility

#### 6.9.7 Other Women's Disorders

### 6.10 Miscellaneous

### 6.11 Points by Chinese Medical Function

## 6.1. External Disease Patterns

### *Aversion to Cold (from a Vacuity Pattern)*

1. Da Zhui (DU-14), Ling Gu (22.05), Shen Guan (77.18) (Young)

### *Common Cold, Influenza*

1. Gan Mao Yi (88.07), Gan Mao Er (88.08), Mu (11.17)
2. Ling Gu (22.05), Da Bai (22.04) (Hu)
3. San Cha San
4. Mu (11.17)

### *Common Cold with High Fever*

1. Ling Gu (22.05), Da Bai (22.04), bleed along Wu Ling (DT.04)

### *Headache (due to Common Cold)*

1. Di Zong (44.09), He Gu (LI-4), Ling Gu (22.05) (Hu)
2. Bleed upper back (e.g., around Da Zhui DU-14) (Hu)

### *Sore Throat*

1. Bleed around San Zhong Dao Ma group (77.05, 77.06, 77.07) (Young)
2. Ce San Li (77.22), Ling Gu (22.05) (Hu)
3. Zu Qian Jin (77.24), Zu Wu Jin (77.25), Wai San Guan (77.27)

## 6.2. Disease Patterns of the Sensory Orifices

### 6.2.1. Ears

#### *Tinnitus*

1. Zu Si Ma Dao Ma group (88.17, 88.18, 88.19), Shen Guan (77.18)
2. Shen Guan (77.18), Di Huang (77.19), Ling Gu (22.05) (Hu)
3. Wan Shun Yi (22.08), Wan Shun Er (22.09) (Hu)
4. San Cha San

#### *Diminished Aural Acuity*

1. Shen Guan (77.18)
2. San Cha San

#### *Otitis Externa*

1. Tong Shen (88.09), Huo Ying (66.03), Ling Gu (22.05), Wan Shun Yi (22.08) (Hu)
2. Bleed around lateral malleolus (Hu)

#### *Otitis Media*

1. Shen Guan (77.18), Ling Gu (22.05), Huo Ying (66.03), San Zhong San Zhen Dao Ma group (77.05, 77.06, 77.07) (Hu)
2. Bleed around lateral malleolus (Hu)
3. Bleed Zhi Wu (11.26) for suppuration (Young)

### 6.2.2. Eyes

#### *Eye Disorders in General*

1. From Heart patterns: Di Zong (44.09), Shang Bai (22.03), Tong Guan (88.01), Tong Shan (88.02); bleed anterior lower leg along Yang Ming channel (Hu)
2. From Liver patterns: Shang San Huang Dao Ma group (88.13, 88.12, 88.14); bleed area around Yang Ling Quan (GB-34) and Zu San Li (ST-36) (Hu)
3. From Kidney patterns: Xia San Huang Dao Ma Group (77.17/18, 77.19, 77.21), bleed medial lower leg (Hu)

### **Blurry Vision**

1. Ming Huang (88.12), Qi Huang (88.14)
2. Shen Guan (77.18), Guang Ming (77.28) (Young)
3. Blurry vision from glaucoma: Bleed Wu Ling (DT.04)<sup>5</sup>, needle Xia San Huang Dao Ma Group (77.17/18, 77.19, 77.21), Ling Gu (22.05)

### **Redness of the Eyes**

1. Shang Bai (22.03), Huo San (66.12)
2. Bleed ear apex

### **Cataract**

1. Shui Xiang (66.14), Guang Ming (77.28)
2. Shen Guan (77.18), Guang Ming (77.28)
3. Xia San Huang Dao Ma Group (77.17/18, 77.19, 77.21)
4. Moxa cones over closed eyes (use extreme caution)

### **Points that Brighten the Eyes [Ming Mu 明目]**

1. Shen Guan (77.18), Ming Huang (88.12), Di Huang (77.19) (Hu)

### **Glaucoma**

1. Xia San Huang Dao Ma group (77.17/18, 19, 21)
2. Ling Gu (22.05), Guang Ming (77.28, i.e., Jiao Xin KID-8)

### **Night Blindness**

1. Shang San Huang Dao Ma group (88.12, 13, 14)
2. Xia San Huang Dao Ma group (77.17/18, 19, 21)

### **Presbyopia**

1. Shang San Huang Dao Ma group (88.12, 13, 14)
2. Xia San Huang Dao Ma group (77.17/18, 19, 21)
3. San Cha San
4. Zhong Bai 22.06, Xia Bai 22.07

## **6.2.3. Nose**

### **Nasal Obstruction**

1. From Common Cold: Jian Zhong (44.06) (Young)
2. From Common Cold: Ling Gu (22.05), Si Ma Zhong (88.17) (Hu)
3. Mu (11.17)
4. Men Jin (66.05) (Young)

### **Allergic Rhinitis**

1. Zu Si Ma Dao Ma group (88.17, 88.18, 88.19), Mu (11.17) (Young)
2. Si Ma Zhong (88.17), Si Ma Shang (88.18)
3. Ma Kuai Shui (1010.14) – as guiding point

### **Sinus Infection (Bi Yan 鼻炎)**

1. Si Ma Zhong (88.17), Si Ma Shang (88.18), Ling Xian (LI-20), Bi Yi (1010.22) (Hu)
2. Mu (11.17), Zu Si Ma Dao Ma group (88.17, 88.18, 88.19) (Young)

## **6.3. Lung Disease Patterns**

### **Pneumonia**

1. Chong Zi (22.01), Chong Xian (22.02)
2. Da Bai (22.04)

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5 Three lines located along Du Mai (T1 to T10), outer Bladder channel (T1 to T8), and 6 cun lateral to Du Mai (T2 to T8)

## 7. Tung's Needling Guidelines

Tung's acupuncture typically utilizes a minimum number of needles per treatment, and Tung himself was said to usually not use more than 6 needles in each treatment. Considering the wide range of channel and image correspondences, it is easy to see how one point can treat numerous conditions, often in different parts of the body at the same time. Despite limited needles per treatment, Tung's acupuncture simultaneously treats both root and branch.

### Needle Technique

Tung, like most Chinese acupuncturists of his day, favored the use of large gauge needles by modern western standards, such as 0.40 mm (26 gauge). That said, according to the experience of modern practitioners of Tung's system, thinner needles achieve satisfactory therapeutic outcomes. There is a conspicuous lack of complex needle manipulation and there is no use of supplementation (*bu fa*) or drainage technique (*xie fa*). Instead, simple twirling or lifting and thrusting of the needle is employed to stimulate points. Most points are needled perpendicularly to the surface of the body unless the underlying anatomy requires oblique or subcutaneous needling. There is no angling of the needles "with" or "against" the channel to achieve supplementation or drainage. Hence, points in Tung's system are viewed as having a balancing effect and establishing equilibrium irrespective of whether treatments start from repletion (*shi*) or vacuity (*xu*) patterns. In Western medical parlance one could therefore term their action "homeostatic."

Points are most commonly needled distally and contralaterally to the site of disease (especially for pain), although bilateral needling can be used for internal disease conditions.

### Needling Depth Guidelines

#### A. Needling Depth Based on Disease Location

Needle depth is a vital question in the application of acupuncture. In Su Wen Chapter 50 (*Ci Yao Lun*, Essentials of Pricking) Qi Bo says, "Diseases include those at the surface and those deep, thus needling includes shallow and deep. Always reach the related structures, don't go too far on the way." In other words, needling needs to take into consideration the location of disease.

In the Ling Shu Chapter 7 (*Guan Zhen*, On Governing the Needles) there is a discussion of the Five Needle Methods based on the five tissues of the body. This section describes that needling the depth of the skin treats the skin, and by extension the Lung. Needling on or near the vessels treats the vessels, and by extension the Heart. Needling the fleshy areas of the body treats the flesh, and by extension the Spleen. Needling on or near the tendons treats diseases of the tendons, and by extension the Liver. Needling down near or to touch the bones treats the bones, and by extension the Kidney. This is identical to needling based on tissue correspondence, which we have described in detail previously (cf. also our figure T-10). Su Wen Chapter 51 (*Ci Qi Lun*, Restrictions of Pricking) has similar guidelines based on body tissues.

Another guideline for distal point needling is that depth of needling is based on how far the treatment point is from the diseased area of the body. For local conditions, needling can be relatively shallow, and for conditions located far from the treatment point, needling should be relatively deeper. For example, when Ling Gu (22.05) is needled to treat pain of the upper extremities it can be needled more shallowly, and when it is used to treat low back pain or sciatica, it should be needled more deeply.

#### B. Needling Based on Disease Characteristics

Ling Shu Chapter 9 (*Zhong Shi*, Beginning and Ending) says, "In spring Qi is in the hair, in summer Qi is in the skin, in autumn Qi is in the flesh, and in winter Qi is in the tendons and bones. Depth of needling should be according to the season." This statement transcends the obvious meaning presented. It also indicates that a disease of a Yang nature (e.g., acute conditions, conditions related to heat or to the exterior) should be treated with shallow needling, while diseases of a Yin nature (e.g., chronic conditions, conditions related to cold or blood stasis) need to be treated with deeper needling.

Shallow needling is used to treat the superficial parts of the body and expels exterior disease evils. Middle depth needling treats the Middle Jiao and addresses internal disease evils. Deep needling is used for supplementing vacuities. Ling Shu Chapter 9 (*Zhong Shi*, Beginning and Ending) also says, "At the first depth Yang evils are expelled, at the next depth Yin evils are expelled, at the third depth Gu Qi arrives."

## 8. Point Indexes

### 8.1. Index of Tung's Points according to Zones and Numbers with their Related Channels and TCM-Points

Points which were not included in Master Tung's original book [unnumbered points] can be identified by the figure in which they are depicted and explained. Example: Z2-3 – Fan Hou Jue.

Associated channels are those channels on which the point is located, functionally related, or to which it is very close.

When two channels are listed the point either lies between those channels or influences both channels.

This information will help to design treatment strategies based on channel correspondence (cf. our Table 2).

Overlapping points are TCM points of the same location or in the immediate vicinity.

No.	Chinese Name	Associated Channels	Overlapping Points
11.01	Da Jian 大間穴	Large Intestine	
11.02	Xiao Jian 小間穴	Large Intestine	
11.03	Fu Jian 浮間穴	Large Intestine	
11.04	Wai Jian 外間穴	Large Intestine	
11.05	Zhong Jian 中間穴	Large Intestine	
11.06	Huan Chao 還巢穴	San Jiao	
11.07	Zhi Si Ma 指駟馬穴	Large Intestine	
11.08	Zhi Wu Jin 指五金穴	Large Intestine	
11.09	Xin Xi 心膝穴	Pericardium	
11.10	Mu Huo 木火穴	Pericardium	
11.11	Fei Xin 肺心穴	Pericardium	
11.12	Er Jiao Ming 二角明穴	Pericardium	
11.13	Dan 膽穴	Pericardium	
11.14	Zhi San Zhong 指三重穴	San Jiao	
11.15	Zhi Shen 指腎穴	San Jiao	
11.16	Huo Xi 火膝穴	Small Intestine	
11.17	Mu 木穴	Large Intestine	
11.18	Pi Zhong 脾腫穴	Pericardium	
11.19	Xin Chang 心常穴	Pericardium	
11.20	Mu Yan 木炎穴	San Jiao	
11.21	San Yan 三眼穴	San Jiao	
11.22	Fu Yuan 復原穴	San Jiao	
11.23	Yan Huang 眼黃穴	Small Intestine/Heart	
11.24	Fu Ke 婦科穴	Lung	
11.25	Zhi Yan 止涎穴	Lung	
11.26	Zhi Wu 制污穴	Lung	
11.27	Wu Hu 五虎穴	Lung	
22.01	Chong Zi 重子穴	Lung	
22.02	Chong Xian 重仙穴	Lung	
22.03	Shang Bai 上白穴	Large Intestine/Pericardium	
22.04	Da Bai 大白穴	Large Intestine	San Jian (L.I.-3) or He Gu (L.I.-4)

# Practical Atlas of Tung's Acupuncture

This book presents a complete overview of Master Tung's Acupuncture - a system that has become increasingly popular during recent years due to its high efficacy and concise theoretical concepts.

Introductory material elucidates the theoretical background and therapeutic strategies of Tung's system. Key topics include the three main categories for point selection: Image Correspondence (Taiji), Channel Correspondence, and Tissue Correspondence. Also described are needling methods, point selection, and the concept of coupled needling (Dao Ma).

The book provides a complete and extensive atlas of Tung's acupuncture including important secret family lineage points. Point locations and indications are described both in terms of Master Tung's original zonal arrangement and with reference to the conventional primary channels with which they are functionally associated. A useful glossary correlates symptoms, syndromes, and diseases with the appropriate points or point combinations applicable in each case.

Over 50 diagrams provide the reader with a reliable quick location guide. Extensive comments on almost each point or point group with cross references to various important classic and modern sources explain the interrelationship between point location, indication, and needling technique.

**Dr. Henry McCann, DAOM, LAc**